CADUCEUS

a museum quarterly
for the health sciences

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Department of Medical Humanities
Southern Illinois University
School of Medicine
P.O. Box 19230
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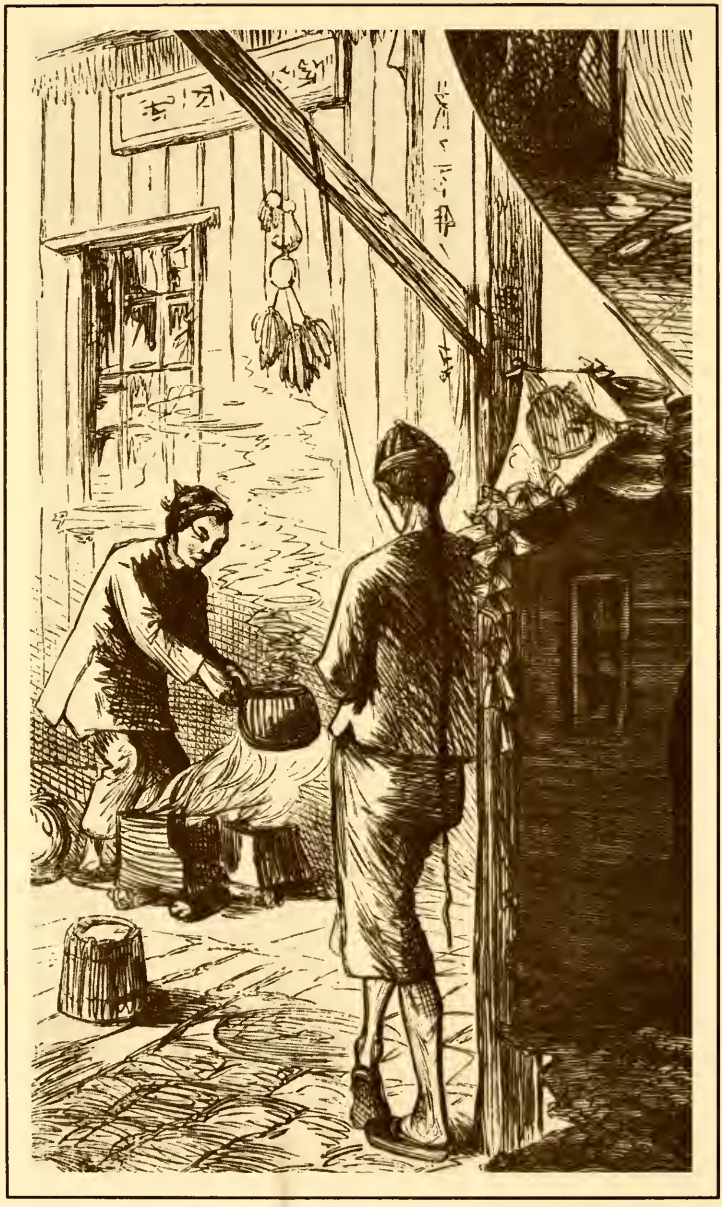


Making Medicine. Detail from "Chinese Quarters, Virginia City, Nevada." Drawn by W. A. Rogers from sketches by C. L. Sears. (From Harper's Weekly, December 29, 1877, p. 1025.)

Chinese Medicine In America

Welcome to Volume Four of *Caduceus*, a quarterly published for both a special and general readership--those individuals who wish to be better informed about the heritage of healing and the status of the health sciences today. The journal's essays are written by authorities who can interpret that heritage through the artifacts of museums and the archives of special collections. Each author has the task of reconstructing the stories which can provide information about continuities between the past and future. Hopefully, the first three volumes have assisted health science museums staff and special collection archivists with their wider educational and interpretative missions.

The task of interpretation requires that we not only attend to the usual objects of a specialist's interests--artifacts, institutions, practices, images, utterances, events or customs as viewed by professor or practitioner--but also to assess their impact on and meanings for the general population. No activities of specialists are undertaken outside of a larger context. No method of an academic discipline is without value biases specific to both historical and cultural distinctions, including the "scientific method" of modern health care. The task of interpretation requires a competence beyond the standards of individual specialties.

In previous decades of this century, references to a "general population" referred to non-practitioners of health care, usually the laity or patients who were the recipients of care. Now, even specialists and practitioners must be included as members of that population for whom competent interpretation is needed. It seems as if there are few practitioners of any specialty capable of putting either the rationale or origins of new procedures of care into meaningful contexts beyond the expediencies of the latest market fad. Just as patients have needed competent interpretation of modern health care for some years, now both practitioners and medical researchers are confused and overwhelmed by the complexities of health care delivery. This confusion has led to many editors

being concerned about the utility of practice and the quality of what is published as scientific material in specialty journals.

One of the standards of competence for which I hold senior medical students accountable is to be able to describe the major characteristics of the system of healing they intend to practice. This standard is intended not only to encourage development of skills for explaining care plans to patients but also to encourage those skills of interpretation which will withstand the manipulations inherent in their future practice settings. Perhaps today's medical students, for example, who know the history by which scientific procedures developed into peer reviewed clinical protocols will be tomorrow's physicians who can spot procedures designed primarily for the economic health of some marketing scheme rather than a patient's well-being. The task of interpreting the health care scene in North America today requires a competence in historical and cultural analysis few demonstrate.

Perhaps no more persuasive evidence of the confusion besetting health care in North America is the citizen's continuing use of alternative approaches to care. Regardless of legal recognition or other forms of official sanction, substantial numbers of North Americans insist on utilizing a wide variety of alternatives to licensed or certified medical practice.

Many Americans are acquainted with alternative approaches to healing indigenous to this continent, such as those represented by chiropractic or naturopathic medicine. Few are acquainted with the beliefs, practices and practitioners of Chinese medicine, which actually was introduced to North America prior to these other systems. Particularly in the West, various forms of Chinese medicine have served as alternative approaches to Western medicine.

In this specially commissioned issue, Christopher Muench of San Francisco provides a delightful frontier history of Chinese medicine in North America and demonstrates how artifactual and archival holdings from the nineteenth century help interpret the use of ancient Chinese practice today. Paul Buell of Seattle describes how the Wing Luke Asian Museum functions to provide an interpretative bridge between nineteenth-century Asian immigrants and contemporary Asian Americans. The focus for this issue is the tiny Kam Wah Chung & Co., in John Day, Oregon, a museum which not only is a repository of nineteenth-century Chinese medicine but which is significant in the interpretation of healing in both North America and The People's Republic of China today.

A word of debt is owed to Idaho historian Lila Hill and to the staff of the Idaho State Historical Library and the Idaho State Historical Museum for helping me find Chris Muench and Paul Buell.

Hopefully, this issue will stimulate curiosity about alternative approaches to healing provided by the "China doctors" and challenge our readers to investigate those characteristics which should mark the system of healing in which they invest. Perhaps by better definition, we can become more competent interpreters, either as specialists or as members of the "general population," of our health care delivery in these very confusing times.

G.W.D.

Chinese Apothecary Kit. (Courtesy of the Pearson Museum)

Dr. C. K. Ah-Fong. c. 1890. (Courtesy of Idaho State Historical Society)

Chinese Medicine In America: A Study In Adaptation

by Christopher Muench

INTRODUCTION

The presence of Chinese immigrants in the United States is generally dated from the arrival of the brig, *Eagle*, in San Francisco Bay on February 2, 1848.[1] This first group is said to have included two Cantonese miners and a woman who was to serve as housekeeper to a San Francisco missionary.[2] Stimulated by the news of the California gold strikes, this number swelled to thousands by the year 1850. Most of these immigrants were Cantonese from the Toi-shan and Hsiung-shan regions of Kwangtung (Guangdong). With them they brought their medical beliefs and medical providers.

Although Chinese medicine is often represented as a single unified system, in reality it is an amalgam of concepts, practices and technologies that are to varying degrees intertwined and congruous, while at the same time appearing contradictory. Chinese medicine represents an assimilation of 3,500 years of contributions from a multitude of ethnic, regional, religious, philosophical, Asian and non-Asian sources.[3] As an ideal, Chinese medicine embraces a range of dietary, behavioral, diagnostic and therapeutic practices that share a common philosophical rationale based on a belief in a fundamental duality of nature and a system of dynamic elemental correspondences underlying all natural phenomena. As a system of beliefs and practices, Chinese medicine is highly facile, allowing for a wide range of interpretation and practical modification on the part of the individual practitioner. Thus, it is possible for a person well educated in biomedical precepts to adhere to traditional dietetic beliefs and herbal remedies, pay nominal recognition to supernatural concepts of fate and at the same time, routinely employ the services of a conventional physician as well

Major Dialects of Kwangtung (Guangdong) Province Showing Areas From Which Chinese Emigrated to America.

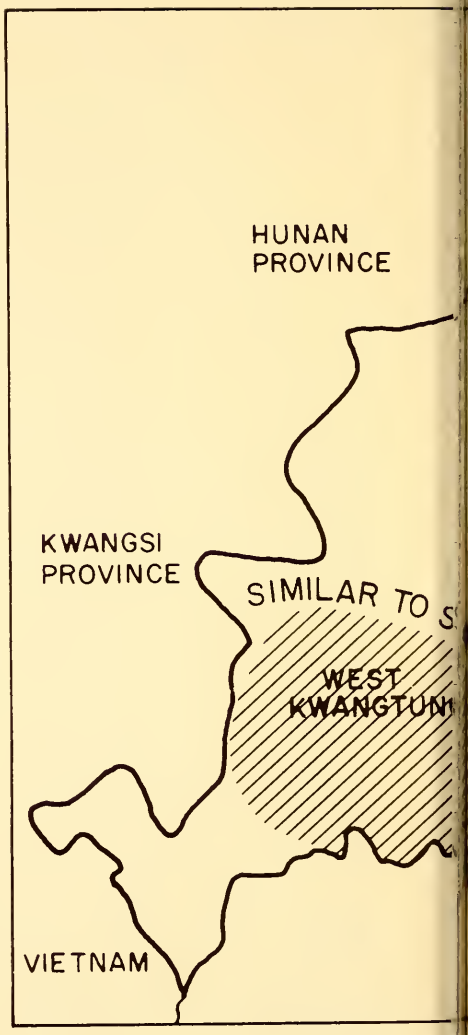
Sam-yup or standard Cantonese dialect area. 20%-30% of Chinese in America before 1970.

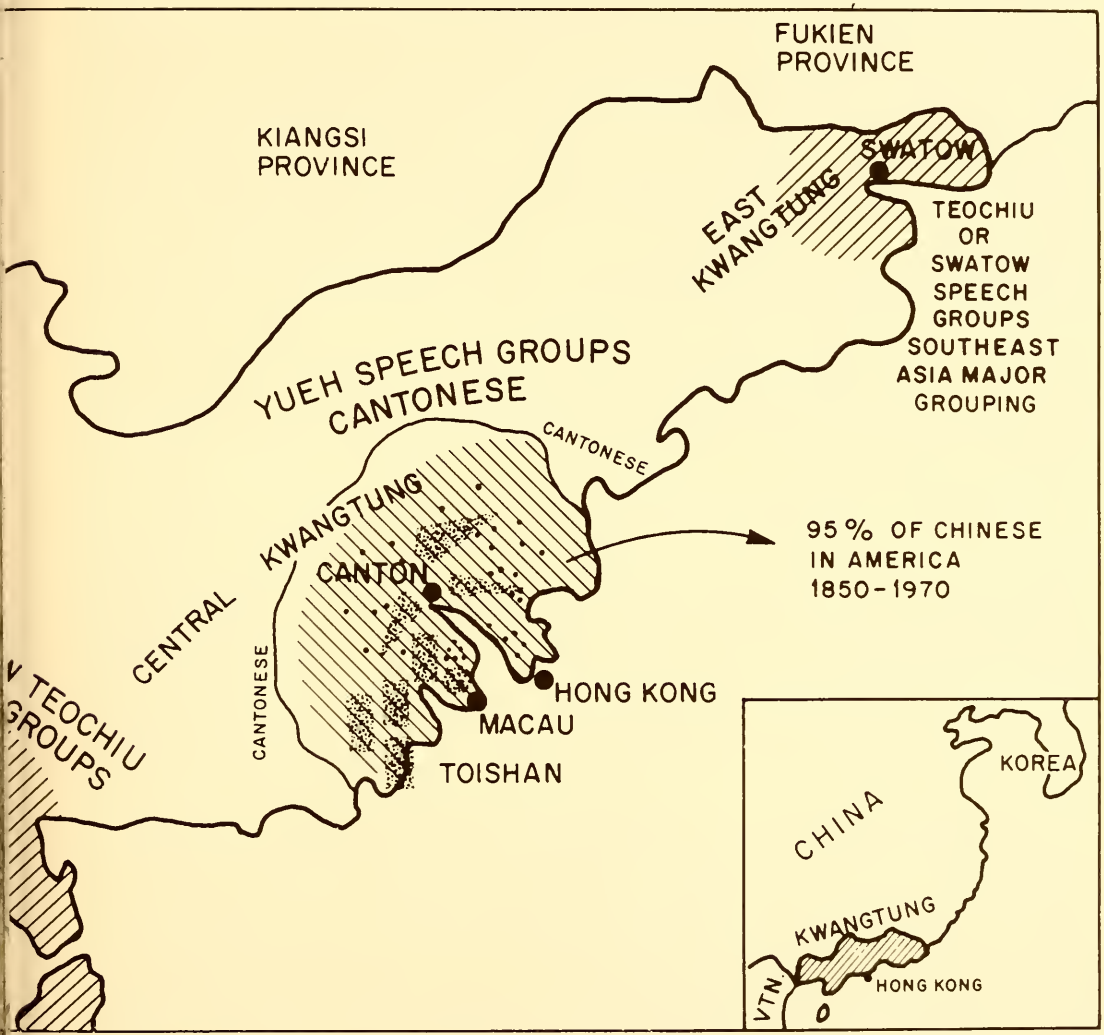
Say-up or Toishan dialect area. 60-80% of Chinese in America before 1970.

Chung-shan dialect area, adjacent to Macau. Less than 5% of Chinese in America before 1970.

Hakka dialect areas. Less than 3% of Chinese in America before 1970.

(Map drawn from data provided by Douglas W. Lee in "The Advancing Chinese Frontier in America," pp.5-24, from Chinese Medicine on the Golden Mountain, *Henry G. Schwarz, ed., Seattle: Wing Luke Asian Museum, 1984. Courtesy of the Center for East Asian Studies, Western Washington Universtiy,*




FUKIEN
PROVINCE
KIANGSI
PROVINCE
SWATOW
EAST
KWANGTUNG
TEOCHIU
OR
SWATOW
SPEECH
GROUPS
SOUTHEAST
ASIA MAJOR
GROUPING
YUEH SPEECH GROUPS
CANTONESE
CANTONESE
KWANGTUNG
CANTON
95 % OF CHINESE
IN AMERICA
1850-1970
CENTRAL
CANTONESE
HONG KONG
MACAU
TOISHAN
TEOCHIU
GROUPS
KOREA
CHINA
KWANGTUNG
HONG KONG
VTN

as conventional pharmaceutical preparations. It is precisely this flexibility and adaptability that has characterized the practice of Chinese medicine in the United States and which historically has rendered it accessible to significant numbers of non-Chinese.

Although early accounts of Chinese medical practitioners in California are at best anecdotal, there is some precedent for the evolution of Chinese medicine in Idaho. The Idaho Historical Museum in Boise has the complete records and *materia medica* of three generations of Chinese physicians who practiced medicine in Idaho from the frontier period of the late 1860s to 1964. In association with Paul Buell, I have spent the last ten years cataloging the *materia medica*, translating formularies and examining patient records.[4] In addition, we have examined similar collections at the Wing Luke Asian Museum in Seattle and at museums in John Day, Oregon, and San Francisco. We have also carried out extensive systematic interviews with Chinese practitioners residing in Seattle, San Francisco and Oakland. From these materials it is possible to piece together a general understanding of how Chinese medicine has been practiced in the United States and its relationship to other aspects of American health care.

THE AH-FONG PHYSICIANS OF IDAHO

In the wake of the California gold rush there occurred a systematic exploration of the entire western region of the United States. By 1886 gold had been discovered outside California in areas throughout the Rocky Mountains and in parts of what are now the states of Nevada, Idaho, Oregon and Washington. Among the gold seekers were many Chinese who arrived from Kwangtung through the ports of San Francisco, Portland, Seattle and Vancouver.

One of the earliest Chinese practitioners to arrive in the Boise river region of Idaho was twenty-two-year-old Ah-Fong Chuck. The Chuck clan was a well-to-do lineage of merchants and medical practitioners originating from the town of Siupki in the Hsiung-shan region of Kwangtung. Based upon samples of his calligraphy and family accounts, it has been determined that Ah-Fong received a formal education in the classics and medical training under the tutelage of family members.[5] One may presume that the attraction of easy wealth to be found in the "Gold Mountain"[6] was the central motivating factor behind his coming to the United States. However, documents found with the family records and early newspaper accounts indicate that Ah-Fong at some point became involved in secret society activities against the Manchu rulers. In the aftermath of the Taiping rebellion and the bloody Hakka-Punti wars that swept southern

China, it is possible that immigration to the United States was necessary for those hoping to avoid the retribution of the Manchus. As a result of errors made by immigration officials unfamiliar with the sequential order of Chinese names, Ah-Fong Chuck was recorded as Chuck Ah-Fong on his immigration papers. From that day forward Ah-Fong Chuck was formally known to non-Chinese as C. K. Ah-Fong.

After arriving in San Francisco with his father, Dr. Whey Fong Chuck, in 1866, C. K. Ah-Fong left his father behind in San Francisco and proceeded on to the mining town of Atlanta (then in Alturas County of Washington Territory). Atlanta, located on the middle fork of the Boise River amidst coniferous forests and granite peaks, consisted of a nucleus of log and frame buildings fronted by a dirt street and surrounded by tents, stamp mills and tailing heaps from the mines. The Monarch, Buffalo and Lucy mines tapped rich lodes of gold and silver-bearing quartz.

A precise date of Ah-Fong's arrival in Atlanta and whether he resided temporarily elsewhere have not been determined. It appears likely that Ah-Fong initially gravitated toward one of the larger Chinese enclaves present in Silver City (Owyhee County), Boise or nearby Idaho City. Although census records for this period are scarce and relatively inaccurate, it appears that the Chinese population in Atlanta was never particularly large when compared with other mining camps in the region. The census of 1880 indicates that Ah-Fong had taken a wife, Sing Yau,[7] and was sharing a dwelling with two Chinese woodcutters, one Chinese gardener and one Chinese miner. Ah-Fong, recorded on the census as Ah-Tung, was listed as an "herb doctor."

It is unclear to what extent, if any, Ah-Fong participated in mining and at what point he began to practice medicine. It is certain, however, that he provided medical services to Chinese and non-Chinese alike. Ah-Fong made house calls on horseback to those scattered throughout the mountains and mining camps and, as late as the 1890s, after he had moved to Boise, Ah-Fong routinely made his rounds delivering medicines and services to his clientele.

Ah-Fong's practice in the mining camps was of a general nature. As is indicated by his handwritten formularies, the rigors of life in the camps are reflected in the large number of formulae addressing traumatic injuries--including broken bones, lacerations, amputations, knife wounds, and gunshot wounds, as well as treatments for febrile diseases, toothache, snakebite, poisonings, a range of sexually transmitted diseases, and chronic degenerative diseases such as arthritis. Similarly, his prescriptions contain numerous core formulae[8] for a variety of topical preparations--including hemostatic agents,

Major Migration Routes, 16th-18th Centuries.

Network of Cantonese mercantile centers from Canton through treaty ports to Japan, Hawaii, and America.

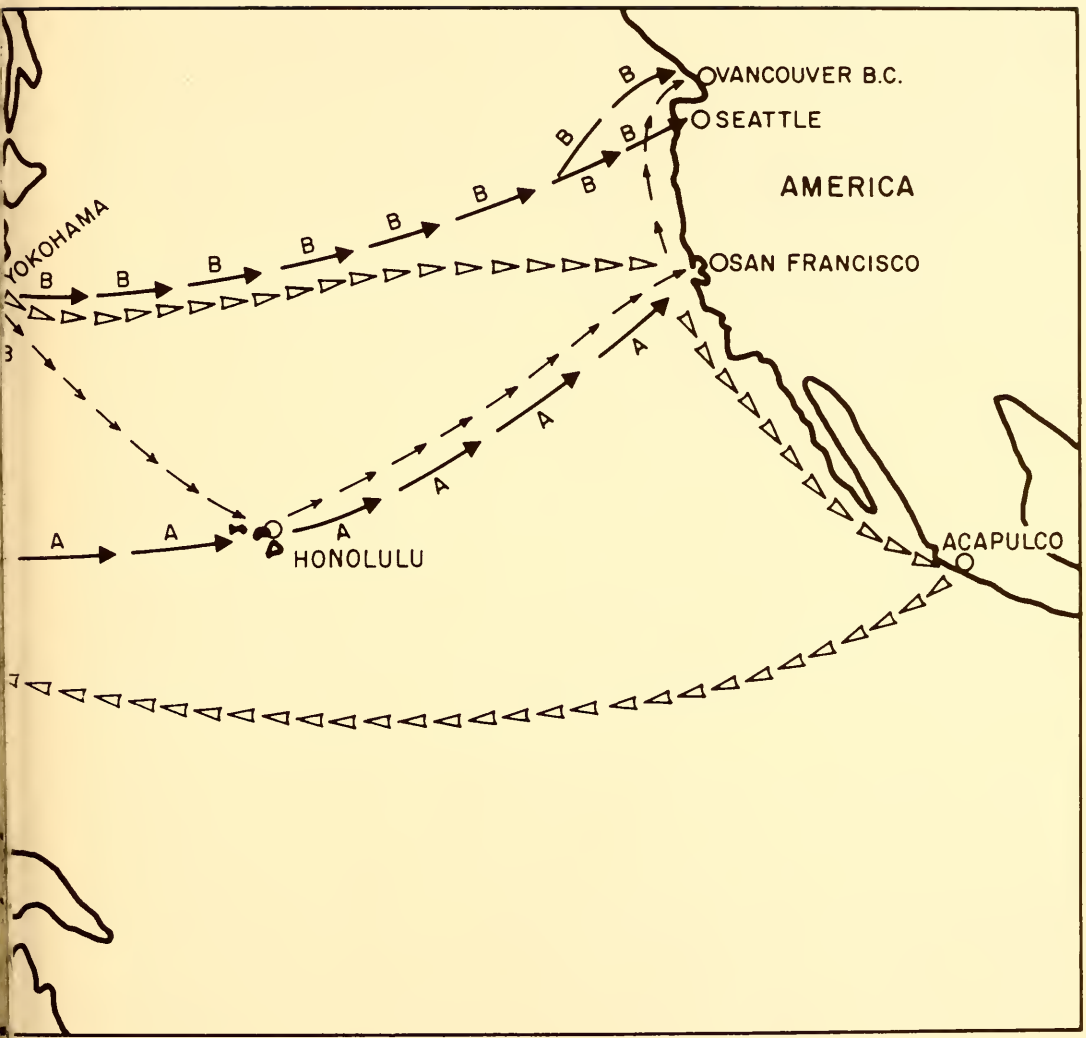
Migration to Southeast Asia; (1) 16th-17th centuries, (2) mid-19th century, and (3) 1900-1930. In first two periods, mainly from Fukien and Swatow, in third period mainly Cantonese.

Spanish galleon route took Chinese coolies from Amoy and Macau to Mexico which linked to Cuba and Peru, 16th-18th centuries.

A — Main route of Cantonese migration to America, 1850-1880.

B — Secondary route of Chinese migration to America, 1880-1920.

(Map drawn from data provided by Douglas W. Lee in "The Advancing Chinese Frontier in America," pp.5-24, from Chinese Medicine on the Golden Mountain, *Henry G. Schwarz, ed., Seattle: Wing Luke Asian Museum, 1984. Courtesy of the Center for East Asian Studies, Western Washington University,*

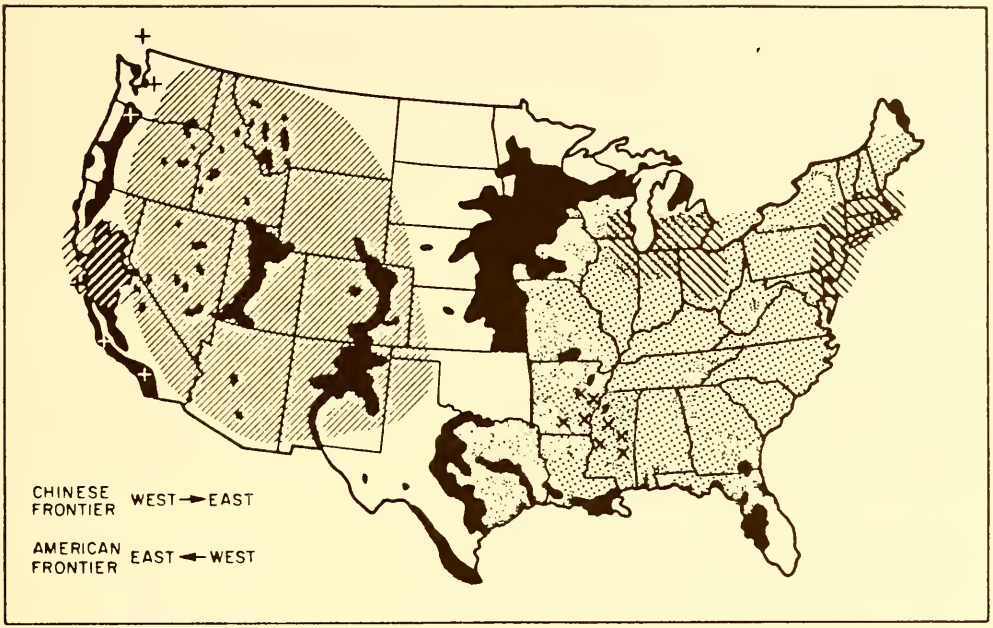

VANCOUVER B.C.
SEATTLE
AMERICA
YOKOHAMA
SAN FRANCISCO
HONOLULU
ACAPULCO
B
A

anti-inflammatory agents, analgesics, eye ointments, "wound" remedies, burn treatments, preparations to be applied to blisters and open sores, syphilitic chancres, inflamed gums and sore teeth, spider bites and other externally detectable ailments. To the contemporary practitioner of Chinese medicine, many of these formulae might appear arcane, not only because of the elaborate complexity of many of the formulations, but also because they represent a non-truncated form of medical practice. Few contemporary practitioners would have the clinical experience to implement these remedies or the desire to risk the legal ramifications that would attend such a practice. It is for this reason that these formularies are invaluable historical and clinical resources, providing a rare opportunity to study authentic Chinese remedies for ailments that are almost exclusively treated by contemporary biomedical methods.

By the late 1880s the yields from the gold fields of Atlanta and elsewhere had declined to the point that even the larger corporate operations no longer could survive. There was slim chance that the individual prospector would strike it rich, as had been the case a few decades before. The plight of the Chinese was particularly difficult--not only because of the economic hardship they shared with the rest of the frontier community, but also due to the galvanization of anti-Chinese sentiment that spread from San Francisco to the floors of Congress in Washington, D.C. The racist sentiment that first emerged in the gold fields of California spread to other regions of the West as Chinese successfully competed with non-Chinese in a broad range of economic pursuits. Idaho census records for the period indicated that although many Chinese still were engaged in mining activities, a larger number were merchants, packers, tradesmen, farmers and vegetable grocers. Indeed, the Chinese held a virtual monopoly on the production and distribution of fresh produce in Boise and in many of the mining districts.

The series of economic recessions that followed the Civil War served to foster anti-Chinese sentiment among the unemployed, the unions and the Democratic party. Following the Civil War, mining camps were often split along party lines, with Republicans and Northerners dominating some communities and Southerners and Democrats dominating others. As a result, the reception the Chinese received in Idaho varied between communities.

In 1889 C.K. Ah-Fong, his wife, his adopted daughter and son moved to Boise, where he opened an office on Idaho Street, two blocks from where the Capitol building was to be erected. Originating as a trading post and stopover point on the Oregon Trail, Boise is located on an alluvial plain bordering the Boise River. With its military garrison and communication with all of the main mining regions, Boise emerged as the hub of the economic activities of southwestern



American Frontier Settlement Areas of 1870.

American Frontier Settlement Areas of 1850.

Initial Chinese Frontier in America, California Gold Rush 1850s.

Chinese Frontier expands into American West, 1860s-1880s.

Chinese Frontier contracts to Pacific Coast Urban Areas.

Reconstruction era Chinese settlers in Arkansas and Mississippi.

Chinese Frontier Settlements in American Midwest 1870-1890, Atlantic Coast 1880-1910.

American Settlement Areas Prior to 1830.

Chinese Settlement Areas in the United States During The 19th Century.

(Map drawn from data provided by Douglas W. Lee in "The Advancing Chinese Frontier in America," pp. 5-24. from Chinese Medicine on the Golden Mountain, *Henry G. Schwarz, ed., Seattle: Wing Luke Asian Museum, 1984. Courtesy of the Center for East Asian Studies, Western Washington University, Bellingham.)*

Idaho. Because of its location and diversified economy, it attracted a substantial Chinese population, which was quickly becoming one of the largest such enclaves outside of the West Coast.

Printed accounts of the period and later eulogies to Ah-Fong[9] indicate that throughout his life in Boise, he contributed generously to community organizations and activities and was the first Chinese member of the Boise Businessman's Association. Because of Ah-Fong's unique status as a health care provider to all races, his literacy and his command of the English language, Ah-Fong emerged as a leader among the Chinese and acted as a formal intermediary between the Chinese and non-Chinese communities. Similarly, Ah-Fong was active in the political life of the Chinese community and was a leader of the local Chinese secret society.

These organizations, often referred to as "triads" or "tongs," were outlawed in China. They existed in virtually all Chinese expatriot communities throughout Southeast Asia and North America and served to raise funds and organize opposition to the Manchu rulers. Many were associated with illegal activities and they were frequently involved in violent conflicts with one another.[10]

Ah-Fong's Boise practice assumed a markedly different form from his rural practice and denotes an important transition in the relationship between Chinese medicine in general and the scientific biomedicine of the West. There was a shift away from a generalized practice toward a specialization in specific medical disorders, illnesses afflicting specific categories of patients, and illnesses for which biomedicine was ineffective or poorly suited. Early advertisements published by Ah-Fong in the local newspapers show that he specialized in painful inflammatory diseases such as arthritis and rheumatism, febrile diseases, venereal diseases, male uro-genital disorders and impotency, and a range of disorders affecting women (such as dysmenorrhea, infertility and miscarriage).

This transition in the practice of Chinese medicine directly reflects the rapid evolution that had occurred in the practice of scientific biomedicine in the latter half of the nineteenth century. When Ah-Fong first began to practice medicine in the gold fields, the practice of Western biomedicine could at best be described as primitive. Morbidity and mortality associated with medical procedures presented a serious risk to the patient. Asepsis had yet to be accepted by a majority of physicians, anesthetics were not readily available on the frontier (nor were they commonly employed outside of major surgical procedures), and the Western pharmacopoeia was meager and relatively ineffective when compared to that offered by Chinese medicine. Furthermore, the specific needs of women

were poorly addressed--as were male impotency, venereal diseases, and virtually any disorder associated with human sexuality.

These fundamental problems were compounded by the circumstances attending life on the frontier. Persons claiming medical expertise ran the gamut from self-taught "camp doctors" to itinerant peddlers of magical remedies, Mezmerists, barbers, dentists, midwives, and occasionally, physicians with some degree of formal training. With this range of personnel in the early years of the frontier, those persons demonstrating medical skill beyond the commonplace were a scarce and valuable resource.

Chinese medicine, on the other hand, compared quite favorably. It was inherently non-invasive and therefore avoided much of the risk associated with surgery. With its use of hemostatic agents, compounds to decrease inflammation and suppress infection,[11] and routine application of medicated flexible splints, Chinese medicine had much to offer by way of practical treatments for the serious injuries and common ailments of the frontier. Similarly, since the Han Dynasty, Chinese medicine had produced a number of works prescribing treatments for diseases where fever was a feature among a complex of other symptoms.[12] Chinese medicine addressed gynecological and uro-genital problems directly and without the attendant moralism that hindered medicine during the Victorian era.

Finally, the diagnostic procedure itself was quite tolerable to patients. In the office on Idaho Street, the patient was escorted into a small room containing two chairs and a low table upon which rested a small pillow. The patient then was seated and the examination proceeded. Ah-Fong and his offspring employed the four classical principles of Chinese medical diagnosis still used today: observation, listening, questioning and touching. Observation means evaluating the patient's general physical appearance, gait, posture, and the appearance of the skin, eyes and tongue. Listening means noting the tenor of the patient's voice, the speech and breathing patterns. Questioning (or hearing) involves collecting a history of the problem and, in some cases, information about lifestyle, diet and sleep patterns. Touching includes both palpating afflicted areas of the person's body and pulsing. This involves resting the patient's arms on the pillow while the physician examines the pulses, using the traditional Chinese three-fingered technique and diagnostic concepts.[13]

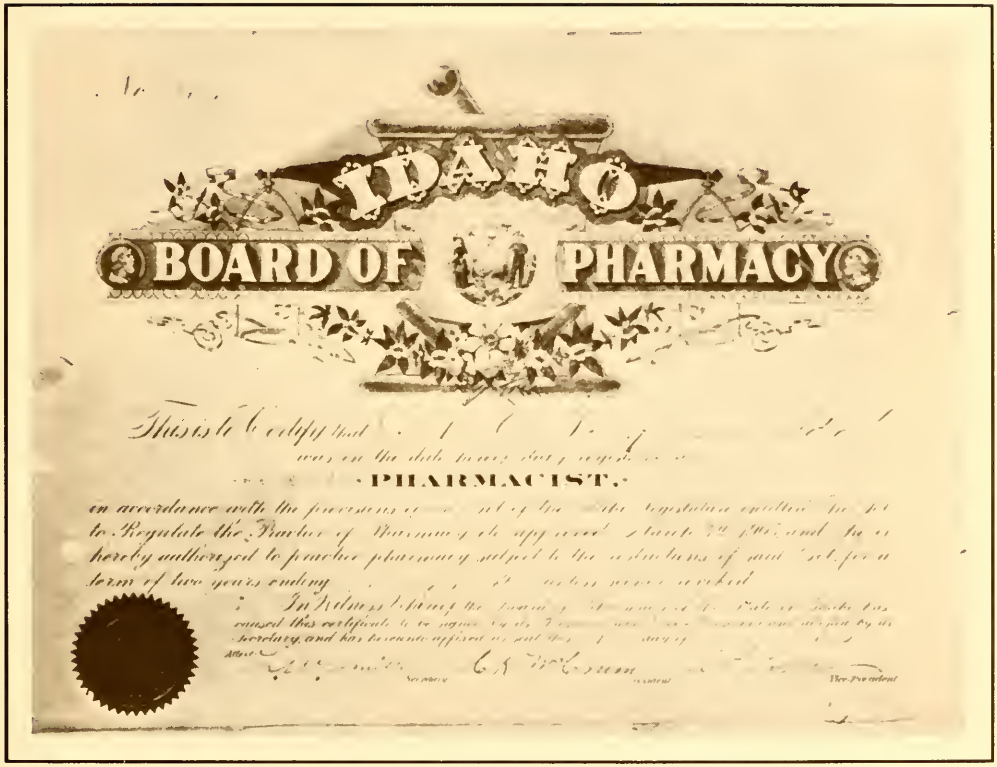
By the 1890s Western physicians had achieved major breakthroughs in their ability to perform many surgical procedures with far less attendant risks. Hospitals, clinics, formally educated physicians, specialists and other trained medical personnel were common and standardization of health care made

scientific medicine more attractive and accessible to the Idaho public than had been the case during the time of the frontier. Aside from old and loyal patients, the persons seeking Ah-Fong's services tended to fall into several distinct categories: a) Chinese who generally avoided Western doctors; b) prostitutes and others who sought treatment of venereal infections;[14] c) persons suffering from chronic and particularly painful skeletal-muscular problems; d) men seeking cures for impotency; e) persons suffering from terminal illnesses or chronic conditions who had received no benefit from Western physicians; and f) women, particularly those of Boise's upper classes, seeking treatment for gynecological disorders. Except for Ah-Fong's Chinese patients, persons requiring immediate treatment for traumatic injuries or routine medical care tended to patronize Western-style physicians. Ah-Fong himself respected the achievements of Western medicine and when his grandson's wife delivered her children, she did so in the maternity ward of the local hospital.

With the changes in the medical community and the recognition of Idaho statehood in 1890 came an increased demand among formally educated physicians for standardization and licensure of medical practitioners. In the late 1890s the newly formed Idaho State Board of Medical Examiners engaged in the process of reviewing and granting medical licenses. Rules governing the enactment of licensing generally provided that those with established medical practices were to be granted licenses irrespective of their compliance with the newly established standards of medical education and examination. While most long-time practitioners were automatically awarded their licenses, this provision was not applied equally to their Chinese counterparts.

In 1899 the board refused to grant Ah-Fong a medical license. His response was to challenge the decision in the courts. In January of 1900, after a series of lengthy appeals, the Idaho State Supreme Court overturned a district court's decision to uphold the licensing refusal. On February 21, 1901, C. K. Ah-Fong was fully licensed as a physician/surgeon by District Court Judge Stewart, making him the only practitioner of traditional Chinese medicine in the history of Idaho, and perhaps in the entire United States, to acquire such a distinction. In a move that further consolidated his rights to continue his practice, Ah-Fong also obtained a license as a certified pharmacist. In later years other Chinese practitioners were subjected to periodic harassment and fines for practicing medicine without a license.

The question of licensure continues to present problems for those engaged in the practice of Chinese medicine. Efforts to standardize the practice of Oriental medicine occurred in recent years as acupuncture and other medical practices



License issued to C.K. Ah-Fong in 1901 by the Idaho State Board of Pharmacy. (Courtesy of Sarah Ah-Fong)

have gained popularity among those interested in "alternative" or "holistic" medicine.

In 1901 Ah-Fong's wife, Sing Yau, died of an undisclosed illness. The high regard with which the Ah-Fong family was held is reflected in the fact that her funeral, the largest ever seen in Boise, was attended by many members of the executive and legislative branches of the state government. (Ah-Fong later married a younger woman who became pawn in a power struggle between an invading tong and the group of which Ah-Fong was the leader.)

By the turn of the century, the Idaho Street office contained a back room apothecary stacked floor to ceiling with jars and drawers containing medicinal plants and other *materia medica*.[15] This aspect of his trade had grown to the point where Ah-Fong was a key importer of Chinese medicinals into the United States. His suppliers were family members residing in Canton, Siup-ki and Shang-hai. The import business had brought considerable wealth to the Chuck clan in China.

In 1910 Ah-Fong was sixty-six. In order to ensure continuity of the Boise business, around this time Ah-Fong's grandson, Gerald (then about six years old), was brought to the United States in order to learn English and to receive an American education. Gerald remained in Boise until around 1918, when he returned to China to complete a formal Chinese education. At approximately this time C.K.'s eldest son, Herbert, by his first wife in China, came to Boise to assist in the business. A trained medical practitioner and a community leader in Siup-ki, Herbert sacrificed much by immigrating, leaving behind two wives, ten children, friends, and familiar surroundings. He did not see his homeland again for forty years.

In 1927 Gerald returned from China with his wife, Sarah, whom he had met while visiting Beijing. Within the year C.K. Ah-Fong died at the age of eighty-three. He was buried in the Boise Chinese cemetery and his remains were returned to China two years later.

The Boise practice continued although on a progressively more circumscribed basis. Knowing little English, Herbert acted as the main practitioner while he taught Gerald the profession. Gerald interacted with the patients and conducted the business side of the practice. By the early 1930s the Idaho Chinese community had shrunk to six families and a group of aged single men. The absence of employment and families caused many to migrate to the big Chinese enclaves on the West coast or to return to China. Many died of old age.

Dr. Herbert Ah-Fong with unidentified Boise official. c. 1940. (Courtesy of Idaho State Historical Society)

Patient records beginning in 1938 and continuing to 1951 show that over 90 percent of the clientele utilizing their services were non-Chinese residing throughout North America. While over 65 percent resided within Idaho, eastern Oregon and northern Nevada, the balance was distributed from coast to coast and in cities in Canada. In addition, the Boise business supplied other Chinese practitioners in Oregon, Montana, Washington and California.

Judging from treatments prescribed and from interviews with Gerald's wife, it seems that a large number of their patients were suffering from "incurable" illnesses, chronic arthritis, cardiac problems, allergies, skin problems and other ailments which were poorly served by current biomedical methods. The treatment of these kinds of illness was central to the practice up to the time of its closure in 1964.

During the period spanning the time when the Japanese seized control of China until the end of World War II, access to *materia medica* virtually ceased. For a brief period following the war, access to China was restored and in 1949 Herbert, by then over ninety, finally returned to China. The new Communist regime was in the process of purging the country of those viewed as enemies of China. Persons who had lived in the United States were viewed with added suspicion. Shortly after his return to his homeland, the family holdings were seized and Herbert perished.

With the trade embargoes that followed the deterioration of U.S.-China relations, access to *materia medica* once again became a major problem for traditional practitioners. Many key medicinals were only available on the China mainland and, although substitutes could be found for some items, the ability to create balanced and effective compounds became an insurmountable problem. It was primarily for this reason that in 1964 Gerald locked the doors for the last time and moved his family to San Carlos, California. On January 14, 1969, while crossing the street in front of his house, Gerald was struck by an automobile and died. He is survived by his wife, Sarah Ah-Fong, their children and grandchildren.

CHINESE MEDICINE TODAY

Western biomedicine has been extraordinarily successful in its insinuation into the lives of populations throughout the world. As medical anthropologist Frederick Dunn has shown,[16] Western biomedicine no longer can be described accurately as the medicine solely of Westerners; rather it is now a global medicine, a cosmopolitan medicine created through the contributions of scientists and practitioners around the world. With its general acceptance

Western medicine has displaced and diminished the adherence to indigenous medical beliefs and practices. In adapting to the incursion of this expansive medical system, adherents of surviving indigenous systems have undergone modification, often by augmenting their practices and rationale so as to incorporate "scientific" paraphernalia and much-altered biomedical constructs. Additionally, indigenous systems adherents often assume a complementary relationship by responding to particular needs that are not addressed adequately by biomedical practitioners.

Such has been the case with Chinese medicine. Even in The People's Republic of China, where traditional medical theory has the official approval of the state, biomedical procedures and concepts assume precedence over more traditional approaches. This is exemplified by the well-financed state efforts to isolate and identify the active pharmacological components of *materia medica* as well as the extensive research that has been undertaken to identify the neurophysiological basis of acupuncture therapy. Such efforts pose a direct conflict with traditional notions of causality and therapeutics. The utilization of traditional medicine in The People's Republic to a large degree is dictated by the clear efficacy of particular application and whether biomedical methods can achieve the same results more effectively or less expensively.

In the United States, Chinese medicine has assumed two distinct forms, reflecting the ethnicity of the practitioners and their patients, the quality and manner of their training, their mastery of Chinese characters and language, and their ability to comprehend and internalize traditional medical constructs. This situation has come about within the last decade as progressively larger numbers of non-Chinese have embraced alternatives to mainstream health care and opted to pursue professional careers in Chinese and other forms of medicine. A relatively small number of these individuals have spent years abroad among Chinese communities studying the language and receiving comprehensive medical training. More often such training has occurred in the United States at schools teaching Oriental medicine or "holistic" health.

The quality and form of this education varies considerably, as does the nature of the medical practices once training has been completed. Acupuncture and acupressure, which can be taught topographically and executed with superficial or no utilization of traditional diagnostics, perhaps are the most common forms employed by non-Chinese. Apothecary-style medicine such as that practiced by the Ah-Fongs requires far more rigorous involvement on the part of pupils, including a working knowledge of Chinese botany and plant morphology, a better understanding of traditional diagnostics and concepts of correspondence, and, if they are to be able to utilize any of the traditional *pen-t'sao* or modern

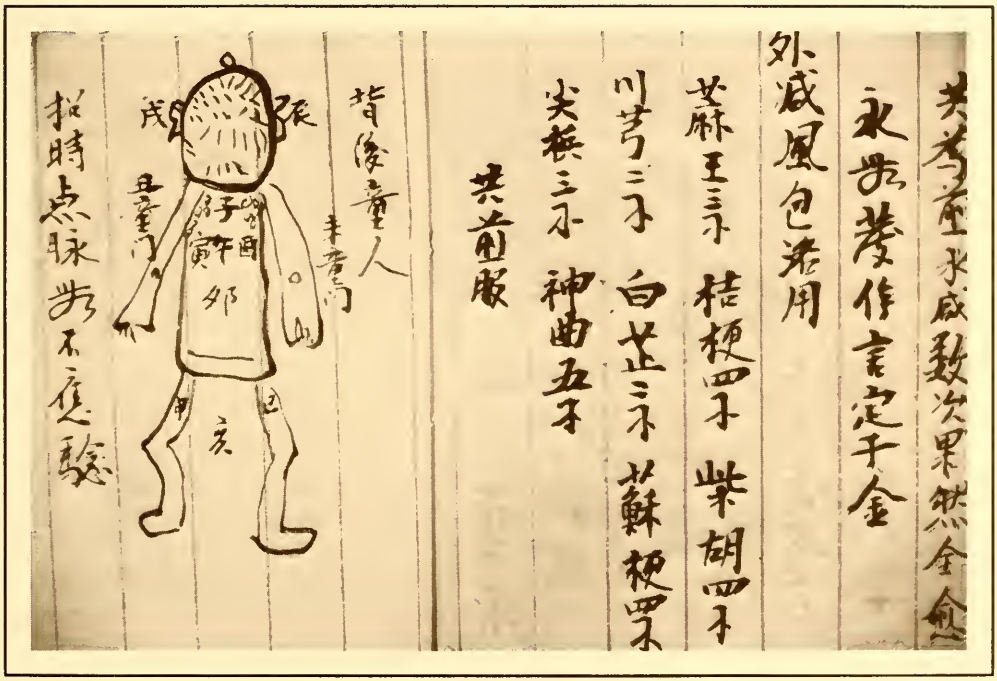
pharmacopoeia, a good command of Chinese characters. In as much as Chinese medical and botanical characters are unique from literary Chinese, specialized training is required. Traditionally, this kind of medical training demanded years of close apprenticeship, not only to learn proper diagnosis and treatment but also to become proficient in the proper utilization of the pharmacopoeia.

Such lengthy apprenticeships are uncommon even among Chinese in the more conservative Chinese communities of Southeast Asia. Schools of Chinese medicine both abroad and in the United States do not commonly involve such a commitment. Consequently, medicinal compounds that are created by such persons tend to be simple when compared to those formulated by the more traditionally trained practitioners.

Chinese pursuing a career in traditional medicine in U.S. schools are less common than non-Chinese. This fact is due in part to a strong motivation among new immigrants to pursue higher academics and the possibility of lucrative careers that such an education may offer. Given a willingness to spend time learning the profession and an understanding of Chinese characters and language, Chinese desiring to pursue a career in Chinese medicine have a decided advantage over non-Chinese. For these individuals, apprenticeships are more readily available; however, as older practitioners we interviewed have lamented, few young Chinese are willing to make the extensive commitment such training would require.

With the immigration of large numbers of Chinese into North American cities from Hong Kong, Taiwan, Macao, The People's Republic of China and Southeast Asia, there are growing numbers of Chinese practicing some form of traditional medicine in new neighborhoods outside of the old Chinatowns. Many of these are home-based practices serving a localized clientele which often consists of persons from their natal towns or specific ethnic communities. Except for a sign in the window announcing their services, these practitioners typically do little by way of advertising. Such persons are far less accessible to non-Chinese than those practicing in more prominent locations.

Another unique type of Chinese practitioner involves those individuals who have received formal medical degrees in The People's Republic, both in biomedicine and in traditional medicine. In The People's Republic general practitioners of biomedicine are required to complete two years of study in traditional medicine as a part of their core curricula. Unless they have been retrained and completed an American medical school education and passed the national medical examinations, such persons have no way of applying their medical skills once they arrive in the United States unless they practice Chinese



Diagnostic sketch on skin disease from Dr. C. K. Ah-Fong's case books (Courtesy of Idaho State Historical Society)

medicine. It is not uncommon to find these people so involved. In Seattle we have interviewed two such practitioners, both of whom have specialized to some degree in acupuncture therapy.[17]

The patients utilizing Chinese medicine are as diversified as the practitioners. In many cases the non-Chinese practitioners intermix their understanding of acupuncture or acupressure with other forms of medical treatment to produce what they consider a more holistic approach to health care. In the San Francisco Bay area there are several clinics in which certified M.D.s have formed a practice with acupuncturists, chiropractors, nutritionists, physical therapists and other similar personnel in order to provide a broadly oriented alternative set of medical services. The persons attracted to these therapists tend already to possess a mistrust of mainstream health care and an openness to alternative modalities. The majority of these patients are not Chinese.

Chinese practicing traditional medicine may attract a mixed clientele, depending on their locale and disposition toward non-Chinese. A number of Chinese practitioners in San Francisco avoid treating non-Chinese and have indicated in interviews that they have found that non-Chinese often do not respond as well to treatment and pose problems when there is a language barrier. Other practitioners, particularly those who have resided for many years in the United States, are willing to provide treatment regardless of race.

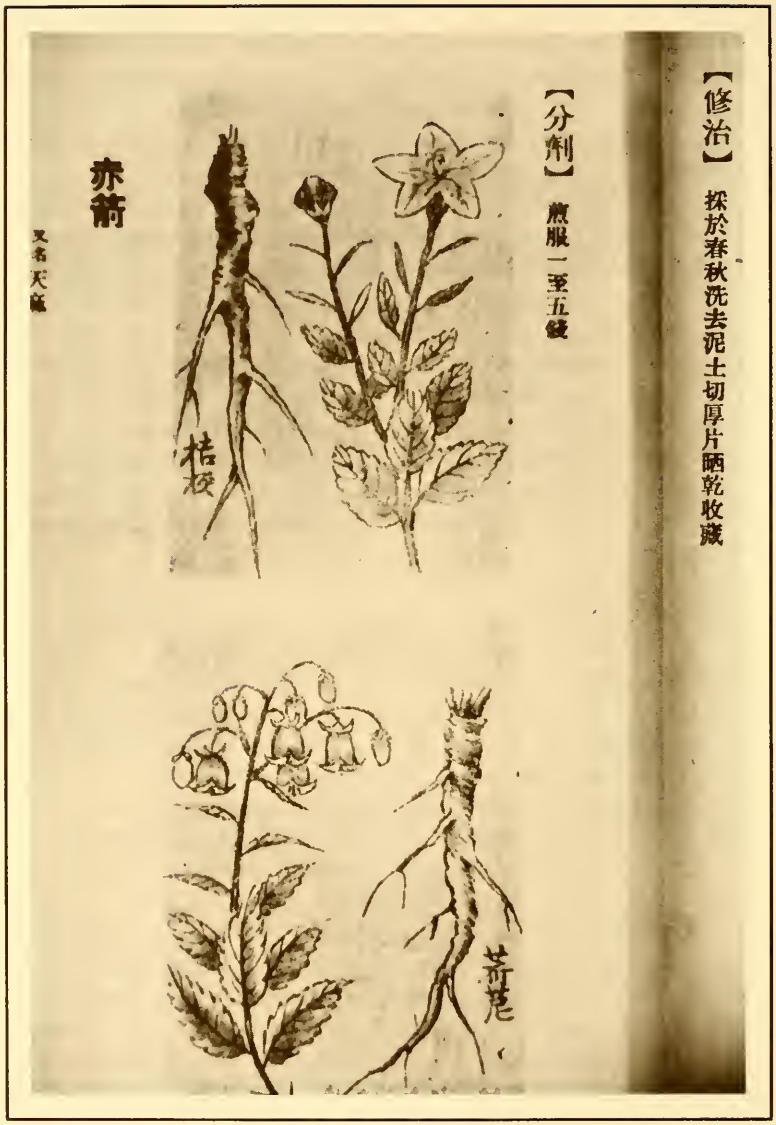
Hen Sen, a well-known Chinese physician in Seattle, appeared in a nationwide television documentary on Chinese medicine and was delighted when he was flooded with patients shortly after the program was broadcast. Two years thereafter, Hen Sen has found that while his practice has flourished, the kinds of cases he encounters are much more difficult to treat in that many involve advanced stages of terminal illness. With these patients, he finds he is most often only able to help relieve discomfort.

Hen Sen regards himself as a traditionalist. He studies the classics and is highly sophisticated in creating his formulations. However, he also has successfully incorporated modern technology into his patient record system and in his training of apprentices. Hen Sen routinely videotapes all examinations and records his comments on diagnosis and treatment. These records provide him with a visual record of the person being treated and a comprehensive library of cases from which his apprentices may learn. It also provides an invaluable look into his methods and procedures. Actually, Hen Sen's approach to diagnosis and treatment conforms quite closely to that of Ah-Fong's.

Although they are engaged in similar pursuits, Chinese and non-Chinese practitioners to a large extent remain separate communities. Differences in culture and experience, the manner in which business is conducted and the way each group regards their profession has engendered some degree of conflict. Older, experienced Chinese practitioners and their apprentices identify with and are integrated into the Chinese community--where, by virtue of their occupation, they are accorded some degree of deference. Their basis for comprehending traditional medical theory is culturally consistent. As a group, they do not tend to be politically active beyond the Chinese community and, while believing in the efficacy of their medicine, they are not crusaders against biomedical practice. Indeed, most Chinese practitioners we have interviewed grant that biomedicine is more effective in treating certain types of illnesses than Chinese medicine.

In contrast, non-Chinese have been dominant in attempts to gain legitimacy for Chinese medicine through licensure legislation, in the establishment of schools of Oriental medicine, and in the integration of Chinese medicine into the community of alternative health care practitioners. To date, acupuncturists are the only group specifically licensed on a state-by-state basis. Licensure is not popular among older Chinese practitioners and is regarded as a problem imposed by the non-Chinese.

In 1986 the State of Washington passed a licensure law that was broadly worded so as to include Chinese apothecarists along with acupuncturists. Instrumental in the creation of the law was the Acupuncturist Association of Washington, a group largely composed of non-Chinese and at that time possessing strong ties to a school of Oriental medicine located in Seattle. Licensure required a basic knowledge of western physiology and an ability to read *pin-yin* transcription of acupuncture points. The exam included no Chinese characters and was printed in English. This set of requirements effectively excluded all of the established Chinese physicians then practicing in Seattle as well as persons who had obtained training abroad and who lacked an understanding of English or *pin-yin* transcription.[18] The response of the Chinese community was strongly in opposition and some modifications were made to allow individuals with ongoing practices to continue. The proviso concerning apothecarists has yet to be enforced since there is some question in regard to its application to naturopaths and other herbalists. The exam still favors non-Chinese graduates of American schools and does not require an ability to comprehend the Chinese language or Chinese characters.[19] As in the days of Ah-Fong, licensure of medical practice has served to exclude Chinese from the practice of traditional medicine. In this case, the law requires Chinese or other Asians trained in Chinese medicine, regardless of their experience or



Page from a commercial pharmacopoeia. Ah-Fong Collection (Courtesy of Idaho State Historical Society)

competency, to assimilate a non-Chinese version of their medical tradition in order to practice medicine.

CONCLUSION

Much has changed in the practice of Chinese medicine in the United States since Ah-Fong's Boise office was closed. With few exceptions, there are no longer trade embargoes on Chinese medicinals. Indeed, China has a thriving export business in prepackaged preparations. With the elimination of discriminatory immigration quotas during the 1970s, the decline in the Chinese communities of the United States has been radically reversed. There are more immigrants of Chinese descent entering North America now than at any earlier period of history. These groups are not the single male sojourners from the rural areas of Kwangtung of the prior century, but rather cosmopolitan, prosperous families who are intent on establishing a permanent residence.

In San Francisco and Oakland there has been a rapid increase in the number of persons offering medical care based on Chinese medical precepts. Schools offering degrees in Oriental medicine are located in Los Angeles, San Francisco and Seattle. In its many formats, Oriental medicine has been subsumed under the rubric of alternative health care, has become an expanding industry, and for some, a lucrative occupation. Anyone seeking a practitioner such as Ah-Fong in contemporary America will be disappointed, however. Practitioners such as Ah-Fong are scarce because the long apprenticeships that attended training during an earlier era are no longer common.

Chinese medical practitioners exist in a complementary relationship with mainstream medical practice by addressing the narrow needs of a smaller, self-selected population, who for a variety of philosophical, cultural and practical reasons have found biomedical health care wanting. This marginal status is reinforced by laws strictly limiting the therapeutic options available to those outside of mainstream medicine.

Contemporary practitioners represent a highly diverse group, in some cases sharing little but the common belief that what they are doing has some basis in a "traditional" Chinese way of approaching illness. Whether they are able to read or comprehend the subtleties of the traditional treatises that generations of practitioners have studied and whether the electronic acupuncture needles they employ have a rationale in traditional thought ultimately has little bearing on the way most Chinese medicine is practiced.

Chinese medicine, possessing a complicated concept of non-linear, multi-faceted disease etiology, is now and has been an approach to illness whose theoretical precepts allowed for a high degree of individual interpretation. As an ideal, training has traditionally relied heavily on a protracted period of tutelage under an experienced practitioner and has been coupled with a basic education in classical Chinese culture. With years of clinical observation and experience, it is presumed that skilled physicians will be able to translate their careful observation of patients' symptomology into a etiological description of health. Utilizing a concept of therapeutics as mediating agents, physicians readjust their patients' physical balance to achieve a renewed state of well-being.

In reality, much treatment has been and continues to be a process of matching a tried and tested remedy with a set of recognizable symptoms. Modification of the basic formula to a varying degree represents an experiential understanding of how particular drugs or procedures act in correspondence with other drugs or procedures. Clinical experience becomes a decisive component in the treatment process in this situation also.

As is the case with conventional medicine, the quality of the health care provided relies greatly on the skill of the individual practitioner. The ability to observe signs of illness and the experience to relate those signs successfully to a method of treatment extends beyond a simple understanding of technique and technology. The success of Chinese medicine is as dependent upon the skills of the practitioner as it is on the efficacy of its therapeutic offerings.

Chinese medicine continues a long and diversified tradition, and in America it has become as cosmopolitan as the biologically based medicine of the mainstream. Depending upon the individual practitioner, it is to varying degrees an amalgam of Chinese culture and tradition, twentieth-century technology and American culture.

NOTES

1. There are records of brief visits by Chinese merchant seamen as early as 1785. Such visits to the East coast and other areas of North America became more commonplace as the China trade began to flourish. Chinese students brought over by missionaries attended the school for foreign students at Cornwall, Connecticut, prior to 1827. See Standford Lyman, *The Asian in the West* (Reno and Las Vegas: University of Nevada, 1970) and Betty Sung, *The Story of Chinese in America* (New York: Collier Books, 1967).

2. Gunther Barth, *Bitter Strength: A History of the Chinese in the United States, 1850-1870* (Cambridge: Harvard University Press, 1964).

3. See Paul Unschuld, *Medicine in China: A History of Ideas* (Berkeley: University of California Press, 1985). Unschuld provides the most comprehensive and accurate discussion of the history of Chinese medicine currently available in the English language. The historical accuracy of the information presented in most popular discussions of Chinese medicine must be regarded with some degree of caution.

4. The Ah-Fong materials were collected by the Idaho State Historical Museum staff of Boise in 1971, along with other Chinese artifacts in a last-minute rescue prior to the destruction of the old Hip Sing Tong building. In addition to the entire contents of the Ah-Fong apothecary shop, the museum staff recovered a complete set of records from the Hip Sing and Hop Sing Tongs, ritual paraphernalia, household items and temple furnishings. It remains one of the most extensive collections of its kind in the United States and is currently on display in the Idaho State Historical Museum in Boise.

5. A more detailed description of the Ah-Fong physicians can be found in *Chinese Medicine on the Golden Mountain: An Interpretive Guide*, Henry G. Schwarz, ed. (Seattle: Wing Luke Memorial Museum, 1984), 51-80.

6. Exaggerated reports of the vast riches to be discovered led Chinese to refer to America as "Jin-shan" or "Gold Mountain."

7. As was typical of the Chinese men who came to the United States during this period, Ah-Fong had another wife in China who remained behind. This union produced two sons who later became involved both directly and indirectly in the Boise apothecary.

8. Traditional Chinese pharmacopoeiae may include over 4,000 botanical, mineral and animal products that are hierarchically ordered on the basis of traditional beliefs concerning their respective pharmacological properties. The method of compounding preparations begins with a more or less standardized base formula containing anywhere from 3 to 12 different items. Ideally, such formulae are organized on the basis of traditional Chinese theories of elemental correspondences so that the combined pharmacological activities of the respective admixtures work in concert to take advantage of not only their therapeutic properties, but also their ability to antagonize or synergize one another's activity. More often, such formulae are derivative of classic remedies gleaned from famous *Pen-t 'sao* (formularies) and modified empirically by individual practitioners on the basis of their experience with the compound's effects. Preparations that have proven to be particularly effective are highly valued and are often kept within lineages. These base formulae are further modifed on the basis of diagnostic criteria to address the individual needs of a particular patient. In the hands of an experienced traditional physician, compounds that have been so modified may contain one hundred separate admixtures. Such preparations are relatively uncommon; more often they contain from 25 to 50 different admixtures. Contemporary medical practitioners are rarely capable of such complex formulations and a great many rely on simple compounds directly formulated from commercially available "cookbooks." For a comprehensive translation of a nineteenth-century manuscript formulary obtained in Seattle, see Paul D. Buell and Christopher Muench, "Chinese Medical Recipes from Frontier Seattle," *The Annals of the Chinese Historical Society of the Pacific Northwest* (1984), 100-143.

9. See *Idaho Statesman* February 11, 1911, 9.; *Eleventh Biennial Review of the State Historical Society* (Boise: Idaho State Historical Society, 1927-28).

10. The group in which Ah-Fong participated appears to be the Hung Shang Tong (Hall of Obedience to Hung), the same group that was dominant in the early San Francisco Chinese community. Contained among the Ah-Fong family belongings was a rare (possibly eighteenth-century) manuscript code book relating the rituals and lore of the tong. Because of its poor condition, this document awaits preservation and translation. Altercations between the Boise tong and outside tongs hoping to gain influence in the Boise community caused considerable conflict in Ah-Fong's personal life, a situation which culminated in the abduction/seduction of his second wife. The activities of the tong received

considerable coverage in the Boise newspapers--which referred to the tong members under the misnomer "Chinese Masons," an idea the Chinese did nothing to dissuade because it tended to lend their organization a respectability often denied them by the non-Chinese community. For additional information concerning Chinese secret societies in America, an early source is Stuart Culin, "The I Hing or Patriotic Rising, A Secret Among the Chinese of America," (*Report of the Proceedings of the Numismatic and Antiquarian Society of Philadelphia,* (1981) 51-58. A comprehensive discussion of secret society organizations and activities is provided by Stanford Lyman, *The Asian in the West*: Social Science and Humanities Publications, No. 34. (Reno and Las Vegas: University of Nevada, 1970.)

11. Lacking any notion of germ theory, Chinese medicine does not directly address the problem of infection *per se*; however, it does recognize a symptomatic progression of a wound toward a fatal result in the absence of proper treatment. Utilizing mercuric chloride, arsenicals and herbal compounds with demonstrated antibacterial properties, Chinese wound remedies may provide benefit in treatment on the basis of an entirely separate notion of causality.

12. The *Shang-han lun* (*On Cold-Induced Bodily Injuries*) and *Chin-kuei yu-han yao-lueh* (*Survey of the Most Important Elements from the Golden Chest and Jade Container*) by Chang Chi (142-220 A.D.) represent some of the earliest works systematically detailing etiology and symptomatology in terms of Chinese theories of disease causality. The treatment of disease categories in which various fever forms were associated with other diagnostic features attained a high degree of refinement by the twelfth century.

13. For further references on Chinese diagnosis and treatment, see Paul Buell, "Theory and Practice of Traditional Chinese Medicine" *(Chinese Medicine on the Golden Mountain: An Interpretive Guide*, 1984), 25-50; or Ted Kaptchuk, *The Web That Has No Weaver: Understanding Chinese Medicine* (New York: Congdon and Weed, 1983).

14. Because of the close proximity of Ah-Fong's practice to both the Idaho Capitol building and Levy's Alley, a notorious strip of brothels and saloons, this latter category is reported to have included a substantial number of prominent legislators and at least one governor and his wife.

15. In cataloging the apothecary materials recovered from the last of the Ah-Fong practitioners, over 1,400 separate products were noted. This figure represents a much attenuated collection, given the diminution of the stores that occurred following World War II and the loss of materials that took place

between the time the business was closed in 1964 and the materials were placed in storage with the Idaho State Historical Museum.

16. Frederick Dunn, "Traditional Asian Medicine and Cosmopolitan Medicine as Adaptive Systems," *Asian Medical Systems: A Comparative Study* . Charles Leslie, ed. (Berkeley: University of California Press, 1976), 133-158.

17. One of these individuals has adopted a modified belief in immuno-genetics as a basis of explanation for the variation in susceptability to traditional Chinese etiological forces. In other words, a person's balance of Yin and Yang are genetically predetermined, as are a person's balance of the universal corresponding forces. This genetic predisposition renders each person susceptible to specific types of illnesses. This sort of modification of traditional thinking is by no means atypical either historically (as Chinese medicine has throughout its history integrated external concepts of etiology and therapy) or contemporaneously (as the scientization of traditional procedures can be found in publications generated by schools of Chinese medicine in Taiwan, Hong Kong and elsewhere).

18. The *pin-yin* system is one of several systems currently employed in the transcription of Chinese into English. It was developed in The People's Republic during the 1950s to correspond with Russian phonetics and has not achieved universal acceptance.

19. Personal communication, Paul Buell. It has been reported that in at least one case an experienced university-trained acupuncturist has been unable to take the exam because, although he is totally competent in his ability to read Chinese characters, he does not have any experience with the *pin-yin* system of transcription.

Materia medica *from the Ah-Fong Apothecary. Both illustrations are examples of natural products used in traditional Chinese medicine. (Courtesy of author)*

Ah-Fong Exhibit. (Courtesy of Idaho State Historical Society)

Passport photograph of Gerald Ah-Fong. (Courtesy of Sarah Ah-Fong)

AUTHOR

Christopher Muench has been engaged in the study of Chinese medicine in the United States since 1978, when he first undertook the analysis of an historical Chinese apothecary at the Idaho State Historical Museum in Boise. His research has expanded to include other historical collections and the activities of contemporary practitioners. Mr. Muench's additional work in epidemiology has resulted in numerous publications on the subjects of plant toxicity and the epidemiology of plant poisoning. Mr. Muench, with his wife, currently owns and operates a San Francisco computer graphics/medical illustration firm specializing in scientific and medical imaging. Mr. Muench is completing a Ph.D. dissertation on Chinese medicine with the Department of Epidemiology at the University of California, San Francisco.

Mien herbalist Chai Fo Saechao uses cupping to treat shaman Yao Kouei Saephan. (Photo courtesy of the author.)

The Museum And Traditional Asian Medicine: A Study In Collaboration

By Paul D. Buell

CHINESE MEDICINE IN AMERICA

Chinese immigrants, who have played such an important role in the development of the United States as a nation since their first appearance here after 1848, have represented much more than a demographic contribution of the old world to the new. As with other ethnic groups journeying to the New World, they have come to new homes across the sea as distinct cultures, as well as populations, replete with cultural gifts from their native lands which have enriched our collective society significantly.

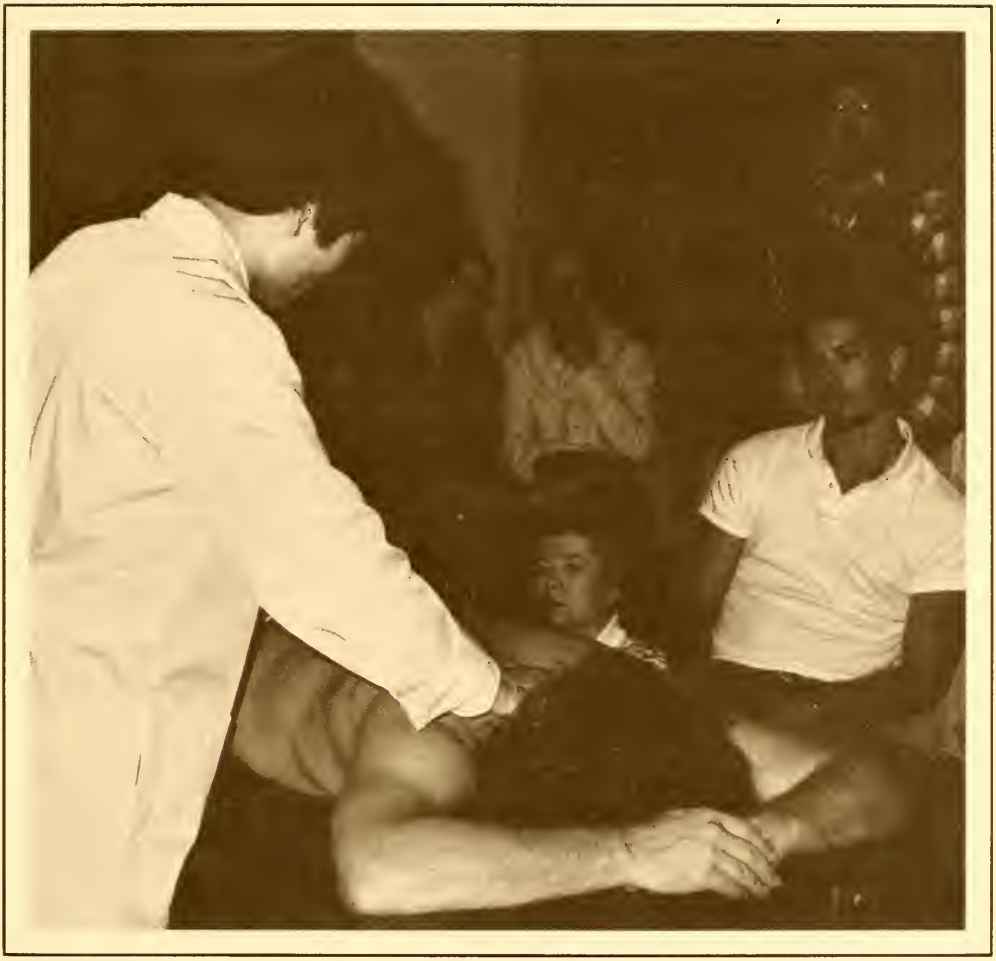
Among cultural gifts brought by Asian-Americans, Chinese views of health and vitality and associated traditional medicines have proven especially important. There is, for example, scarcely a settlement of any size in North America without its Chinese restaurants. Moreover, many traditional Chinese foods have become as much American as Chinese. Although most people who enjoy traditional Chinese cuisines are unaware of the fact, traditional recipes properly prepared reflect complicated Chinese views on a healthful balance in life through a careful choice of foods and an understanding of the influence not only of those foods, but also of the external world as a whole on the body. That is to say, even a dish seemingly as uncomplicated as fish cooked with ginger and garlic (traditional Chinese spices for fish) represents thousands of years of Chinese experience with foods and spices for healthful living. Without realizing it, then, fans of Oriental cuisine practice Chinese macrobiotics every time they sample traditional Chinese foods.

Another area in which Chinese views of health and vitality are strongly evident lies in the great popularity of traditional Chinese exercise and various systems associated with traditional Chinese medicine. T'ai-chi, for example, is universally popular, although few practitioners, even those of Asian descent, are aware of its roots in the therapeutic yoga of Hua T'o (110-207 A.D.), who was the miracle doctor of the court of Ts'ao Ts'ao. Likewise, Chinese acupuncture (with Korean, Japanese and Vietnamese variants) has become increasingly accepted even in Western, cosmopolitan medicine--among other things, for its effectiveness in responding to chronic pain. Similarly, Chinese herbal medicine is extremely popular today in both the United States and Canada. In both countries it is practiced by a growing number of Westerners, as well as by an unfortunately declining number of traditionally trained Chinese physicians.

In times past, however, particularly during the second half of the nineteenth and first years of the twentieth centuries, Chinese herbal medicine was still more popular and more widely practiced that it is today and even constituted a significant component of the health care system in the American and Canadian frontiers. During this period Western medicine was thinly spread in such outlying areas such as Washington, Oregon, Idaho and British Columbia. In any case it was not especially superior to well-practiced, traditional Chinese medicine, with its thousands of herbal applications. The "magic bullets" of the Western doctor--antibiotics and sulfa drugs--which changed the balance between traditional and cosmopolitan medicine once and for all, were still decades in the future, and the germ theory of disease had not yet been accepted on a large scale.

Chinese medicine also has been popular because of its practitioner's willingness to take all complaints seriously. (A person claiming to be ill is ill in the view of a traditional Chinese doctor--including women rejected by Victorian Western doctors as "hypochondriacs.") Another reason for the approbation towards Chinese medicine is the non-invasive nature of its approach. Finally, adherents point to its superior effectiveness against many common ailments. (For example, the Chinese were employing mercury as a treatment for syphilis almost 300 years before Europeans.) For these reasons, Chinese herbal medicine is not only an immigrant artifact, and an important part of the present, but also a key element of a collective American and Canadian past.

Chinese traditional medicine as practiced in North America thus deserves study for a number of important reasons, arising both out of its present vogue and from its prominence in nineteenth- and early twentieth-century frontier societies on both sides of the border. It is of interest for less obvious reasons as well. The Chinese traditional medicine practiced on the American and Canadian frontiers, and to some extent still today, represents a type of medicine which



Korean acupuncturist Wan Ho Park prepares patient for treatment with moxacautery. The moxa will be burnt on top of needles already inserted by Park. (Photo courtesy of the author.)

became obsolete in China with the massive drive toward Westernization following the Opium Wars, and which has all but disappeared under Communist rule. Traditional medicine no longer can be studied in China today. For this reason it is to America and other outlying areas of Chinese colonization that scholars must turn to gain a full understanding of the sophistication and maturity of Chinese traditional medicine as it existed before the influence of the West. Only after that earlier period has been studied and digested can analogies be made as to the way Chinese medicine is practiced in America and Canada today. Such an undertaking should be beneficial also in gaining additional insight into the complex nature of American and Canadian cultural history and that of the Chinese homeland.

THE REMNANTS OF A TRADITION

There is a good deal of material and human evidence to study. Although Chinese medicine as practiced today has evolved and been altered from its more traditional form--reflective of current political and social realities in The People's Republic of China[1]--it is still practiced by Chinese and other Asians and by a growing number of non-Asians. An amazing amount of material has survived from the Chinese frontier medicine of the nineteenth and early twentieth centuries. This material includes furnishings and outfittings of shops operated fifty and even a hundred years ago by practitioners (in the case of the John Day Museum, an entire shop),[2] samples of herbs and, most importantly, quantities of largely unstudied documents. In fact, some of these documents date back to the earliest days of traditional Chinese medicine in the New World and prove its uninterrupted popularity over the years and the impressive vitality and wealth of the community which supported it.

Above all, the wealth of the Chinese community of North America--the "Golden Mountain" of which every Cantonese youth dreamed--actually was a consequence of the migration of well-off, traditional Chinese doctors from their homeland to resettlement in the New World. In China there were various levels of traditional medicine practiced.[3] At the top of the hierarchy were the court Confucian physicians, largely acupuncturists, who theoretically did not work as professionals and take fees for their services. These physicians were the only health practitioners officially recognized. Below them in status, although not in importance, were large numbers of professional herbalists (some of whom also practiced acupuncture), mostly representing physician lineages which had been in the medical profession for centuries. (One good example is the family of Li Shih-chen [1518-1593], author of the *Pen-ts'ao kang-mu,* the ultimate compendium of Chinese herbal tradition.[4] Men such as Li were the backbone of traditional health care in China and one major reason why China's demographic

development has been consistently ahead of that of the West, for good or ill.) Below the herbalists were various professionals and amateurs, including spirit healers (the Cantonese medium or *tangki*), bone splinters and nutritional therapists.

Although scholar-acupuncturists, with their respected places in society and dependence upon status (as degree holders) rather than upon fees as the means to support their livelihood, for the most part did not migrate to the New World, representatives of nearly every other group of traditional Chinese medical practitioners did.

The traditional herbalists played the most important role among early Chinese medical practitioners in the New World. The dominance of herbalists in the new, overseas Chinese health care system was a reflection of two perhaps fortuitous circumstances (besides, of course, the lucrative nature of the new "Golden Mountain" environment itself, which was bound to draw the interest of the commercial herbal practitioners of south China). The first was the predominance of herbal medicine as an extremely well-established and highly successful tradition in the geographical areas from which most Chinese migrants came, namely the Canton Delta. A second was the unique role played in early Chinese migration to the United States, and particularly to Canada, by merchants and other entrepreneurs and community leaders from the strategically placed Hsiung-shan (later Chung-shan) County. This was an area known not only for its successful merchants, but also for its traditional medical schools and large-scale production of herbs for export to other parts of China and to Chinese living abroad.

As a result of this fact, not only did Hsiang-shan migrants come to dominate nineteenth- and early twentieth-century commercial life on the "Golden Mountain," but Hsiang-shan doctors (who sometimes combined the role of entrepreneur and physician) appeared in large numbers as well. One famous example of Hsiang-shan doctors in the New World is provided by the history of the Chuck (Ah-Fong) family practitioners of California and Idaho, who maintained traditional herbal practices there between 1866 and 1954, through four generations. (There is every reason to believe, moreover, that the Chucks of California and Idaho were by no means the first members of the family to practice medicine.)[5]

Although the Chucks and the many other traditional Chinese physicians of the frontier are gone, they have left behind them a rich tradition of community service both to the Chinese and non-Chinese communities. As mentioned earlier, they also provided a surprisingly rich collection of artifacts, most of

Acupuncturist Carol Conlon, former president of the Acupuncturist Association of Washington and one of the original planners of the two Asian medicine fairs, explains acupuncture to the public. (Photo courtesy of the author.)

which reside in the exhibits and collections of museums and other public archival institutions that are repositories of the "Golden Mountain" Chinese past and present.

MUSEUMS AND CHINESE MEDICINE

Although remnants documenting traditional Chinese medicine in America literally have been discovered in the strangest places (I once found Chinese herbal recipes among "laundry lists" displayed by a private museum in Idaho City)--and for that matter still are being discovered as interest grows--it is the museum which is the most important repository for this area of Americana and of the traditional Chinese past. The important Idaho materials connected with the Chuck family apothecary, for example, belong to the Idaho State Historical Society and its museum.[6] Likewise, the important John Day and Vancouver materials belong to museum holdings.

The museum, however, can and must be much more than simply a repository for such materials. Exhibits remain the primary means for museum staff to educate the public. Nevertheless, museums also serve an additional function in that they provide a focal point for the creation of new knowledge. Even when not displayed publicly, artifacts usually are accessible to scholars and museums often serve as sponsors for research grants and provide forums for publication and public presentation of research results.

In addition to focusing on the past, then, museums at the same time can be places where the practitioners of the present communicate with the public as important living repositories of the traditions represented. Since, in many cases, such traditions are now isolated in their respective communities, the museum may serve in this case--as it does for some folk arts--as a last forum for the preservation of important cultural elements. This latter function becomes particularly significant when museum staff members collaborate closely with community groups. By encouraging such active participation with the community--including traditional medical practitioners in museum activities--museum staff can confer legitimacy (in a cultural sense) upon them and also encourage the continuity of past and present community experience. This is a function which represents a primary *raison d'etre* for all museums, of whatever sort. This active role of the museum, while important in its own right, is of special importance for new immigrant communities, often quite uncertain about their pasts and the value of tradition in a new environment. Far too much of the Chinese-American past was lost, for example, because there were no organizations such as the Wing Luke Asian Museum in the nineteenth century. This tragedy must not be repeated today for new Asian immigrants. It is

essential to recognize the great fragility of all cultural traditions, particularly traditional medicines and associated religious practices.

THE WING LUKE ASIAN MUSEUM AND CHINESE MEDICINE

The Wing Luke Asian Museum, which has been in the forefront of the study of traditional Asian medicines, is now two decades old. During that time it has grown from a small, one-room ethnic heritage museum founded to honor one of Seattle's own Asian-American leaders and dedicated to exhibiting Asian folk arts, into the major institution of its kind in the United States.

A special relationship was established with traditional Chinese medicine long before the present prosperity of the museum. This relationship has had four roots. First is the acknowledgement of the importance of traditional Chinese medicine within the Seattle and Northwest communities, a consideration which dates back almost a hundred years before the foundation of the museum in 1968. Second is the fact that the museum has been associated with the late Willard Jue, whose enthusiastic interest in the Chinese past and in Chinese medicine in particular has permanently influenced the focus of the museum. This enthusiasm also has spilled over into the community as a result of Jue's influence during a long and productive life.[7] Third is that since 1981 the museum has enjoyed a close relationship and affiliation with the Chinese Historical Society of the Pacific Northwest. This organization, which included Willard Jue among its founding members (he was the society's second president) consistently has demonstrated a strong interest in traditional Chinese medicine.[8] This interest naturally has amplified the impact of founder Jue and carries on to the present.[9] Finally, the fourth and last foundation for the museum's achievements in the study of traditional Chinese medicine has been the excellent relationship which Willard Jue established with Seattle's principal practitioners of traditional Chinese medicine. This relationship has continued and grown through the efforts of museum staff and its affiliate, the Chinese Historical Society of the Pacific Northwest.

The actual success of any museum or similar institution must be based upon active and successful collaboration between the museum--including its board of directors, officers and staff--and a larger community of interest, including the general public and appropriate scholars. In the case of the Wing Luke Museum, the additional advantage of acceptance by practitioners of Asian medicine still working in the community has been obvious. Museum staff have been able to focus their own efforts and resources upon the study of traditional Asian medicines and at the same time continue to work closely with scholars, with community organizations such as the Chinese Historical Society of the Pacific

Mien herbalist Chai Fo Saechao prepares to treat anthropologist Jeff MacDonald. This treatment involves the insertion of wooden slivers underneath the fingernails. (Photo courtesy of the author.)

Northwest, and with those members of the local Asian-American community who, as practitioners and guardians of cultural traditions, have the greatest possible interest in interpreting and preserving the traditional medicine of past and present.

These considerable accomplishments would have been impossible without the active encouragement of community practitioners such as herbalists Hen-sen Chin, K. Y. Choy and Johannes Liu, and acupuncturists Hoy-ping Chan and Amy Chen. None of the museum's recent projects would have been even remotely possible without their assistance. More recently, moreover, the museum has gained the cooperation of a number of Mien shaman and traditional practitioners, the beginning of a new chapter in the museum's interest in traditional Asian medicines. Scarcely less important has been the cooperation of non-Asian practitioners of Asian medicine, particularly members of the Acupuncturist Association of Washington.

WING LUKE ASIAN MUSEUM ACHIEVEMENT

Because of broad community support, including major funding from the Washington Commission for the Humanities in three separate grants, from the Amy Jue Memorial Foundation, the Western Foundation of Western Washington University, and the Northwest Institute of Acupuncture and Oriental Medicine (funding in excess of $36,000), the Wing Luke Asian Museum staff have been able to mount a major exhibit and help sponsor two highly successful annual Asian Medicine Fairs.[10] In addition, the museum now boasts its own standing Chinese herb shop display and collection of documents, herbs and herb shop paraphernalia relative to the history of Chinese traditional medicine in Seattle. The museum also owns a major collection of Yao (Mien) Taoist (shamanistic) scrolls and there are plans to do still more with the Yao-Mien community in the future.

The museum's first formal effort in the study of Chinese traditional medicine began in the spring of 1982 when I first proposed the idea of an exhibit based upon the history of the Chuck family apothecary of Atlanta and Boise, Idaho. The prime sponsor for this endeavor was the Chinese Historical Society of the Pacific Northwest. As the plan for the exhibit evolved, the emphasis changed to focus on samples of *materia medica* and other materials on loan from the Idaho State Historical Society.[11] This idea was taken up eagerly by then Society President William Jue, who also was on the Wing Luke Asian Museum Board. Jue approached Board President Helen Hirsey, who herself strongly supported the proposal, and who invited me to present my ideas before a meeting of the board.

The suggestion for a jointly developed exhibit was accepted and work began soon afterwards to organize it, secure materials and obtain necessary funding. At the suggestion of Museum Director Kit Freudenberg, who joined the museum staff shortly after board approval had been obtained, the scope of the project was expanded to include general coverage of Chinese medicine. The opening date was pushed up to February, 1984. A grant proposal based upon the revised project plan was submitted to the Washington Commission for the Humanities, which awarded a $10,000 grant (later amended) in June, 1983. Other funds were received from the Western Foundation of Western Washington University, the Chinese Historical Society of the Pacific Northwest, the Amy Jue Memorial Foundation, which provided launch funds, and various corporate and private contributors. Besides the museum itself and the Chinese Historical Society of the Pacific Northwest, other sponsors included the Center for East Asian Studies,[12] the Departments of Anthropology and of Liberal Studies, all at Western Washington University, and Nova Alternative High School.

The exhibit opened in Seattle on February 17, 1984, and was shown in the Wing Luke Asian Museum until April 27, 1984. A travelling exhibit developed from the Wing Luke materials was subsequently shown in Vancouver, Washington (at the Heritage Trust of Clark County Museum), in Port Townsend (at the Jefferson County Historical Society Museum), in Tacoma (at the Washington State Historical Museum) and on the campus of Western Washington University. The exhibit closed on January 15, 1985, after a successful showing in Blaine, Washington, at the Semiahmoo Park and Interpretive Center. Each showing included public symposia and lectures and an exhibit guidebook, *Chinese Medicine on the Golden Mountain,* edited by Western Washington University Professor Henry G. Schwarz, was made available.[13] Following the Blaine showing, the travelling exhibit was returned to the Wing Luke Asian Museum and photographs and other materials were added to the museum's permanent collection. These materials included several traditional Chinese recipe books from early Seattle which had once been in the possession of the Wah-chong Company, the first dispenser of Chinese herbs in that city. The recipe books were contributed by Seattle herbalist Hen Sen Chin.[14] The exhibit and associated events were also the basis for a spin-off project in the form of a film entitled "Chinese Medicine on the Golden Mountain."[15]

ASIAN MEDICINE FAIRS

The Wing Luke Asian Museum's first foray into presenting a sampling of traditional Chinese medicine was soon followed by a second, this time as co-sponsor of the First Annual Asian Medicine Fair in 1986. This fair was

Mien shaman Chiem Finh Saechae expelling ghosts. (Photo courtesy of the author.)

developed by the Northwest Institute of Acupuncture and Oriental Medicine at the suggestion of then institute president John O'Connor, in close collaboration with the Chinese Historical Society of the Pacific Northwest, the Washington Association of Chinese Herbalists and Dealers, the Acupuncturist Association of Washington, the Center for East Asian Studies and Departments of Anthropology and Liberal Studies at Western Washington University, and Summit Alternative School. This fair, mounted in June, 1986 as an all-day series of demonstrations, school presentations and public symposia at the Chong Wa Benevolent Association Hall, was highly successful and well attended. A grant of $600 was received from the Washington Commission for the Humanities to support publicity and administrative costs. Generous funding was also provided by the Northeast Institute of Acupuncture and Oriental Medicine.

So successful was the 1986 fair that the decision was made by the project planning committee to repeat the event the following year and to seek major funding from the Washington Commission for the Humanities. A grant of $14,000 (plus community matching funds) was received in June, 1986 to support a second fair, a number of public lectures and school presentations and the creation of a travelling exhibit to be assembled out of existing materials belonging to the Wing Luke Museum. Additional uses for these funds included the taking of photographs at the fair during presentations and demonstrations and money for research texts. Primary sponsor for the second fair was the Wing Luke Asian Museum, by then in its new quarters. Other sponsors, indicative of the breadth of the project, included NIAOM, which generously supported grant-writing activities, the Acupuncturist Association of Washington, the Association of Chinese Herbalists and Dealers, the Chinese Historical Society of the Pacific Northwest, the Yiu-Mien Association of Oregon, the Center for East Asian Studies and Departments of Liberal Studies and Anthropology at Western Washington University, the University of Washington Friends of the Medicinal Herb Garden, the University of Washington Department of Biomedical History, the Washington Ki Society, the Yiu-Mien Temple Association, and the Yiu-Mien Community Association. The second fair was held on September 10, 1987, and was extremely well attended. While Chinese medicine again was a major focus, the fair also included substantial content relating to the Yiu-Mien people (who strongly supported the project) and, to a lesser extent, of the Khmer community.[16]

With the beginning of the new year, the Wing Luke Asian Museum and Director Freudenberg can look back on almost six years of successful collaboration between the museum, scholars, community groups and representatives of the practitioners of Asian traditional medicine. Increasingly,

museum activities dealing with traditional Asian medicines will be concerned with Asian minorities other than the Chinese. Most notably, these will include South Chinese and Southeast Asian minorities such as the Yiu-Mien, partially as part of the museum's contribution to the 1989 Washington State Centennial celebration.

The Yiu-Mien of the Northwest, numbering more than 2,000 (there are 7,000 in the United States, most in California), are representatives of the hill peoples of mainland southeast Asia and south China. Another group of such people well represented in the United States are the Hmong. These hill peoples once occupied much of south and central China, and it has only been in relatively recent years that they have been driven further south by Chinese expansion and/or absorbed by a new population of south and central China formed through the amalgamation of immigrant and indigenous population elements.

The hill people are important subjects for study since they represent an older form of the culture of central and south China, one lying at the basis of present Min and Cantonese and other regional Chinese cultures. Some scholars even regard the bronze age Shang dynasty as Yiu-Mien in culture, pointing up an even greater importance of this ethnic group, called Yao by the Chinese. Judging from Yiu-Mien found in the United States, the hill people actually have been custodians of an older Chinese, as well as indigenous, culture. The forces of Sinicization which generally absorbed the mass of Yiu-Mien in south and central China by late Ming or early Ch'ing times, also influenced those moving further south and remaining true to their culture. However, the type of Chinese culture to which the Mien, for example, of Laos were once exposed is no longer really the living culture of China. The Yiu-Mien of Laos and south China of today may be heavily Sinicized in certain aspects of their cultures, but this Sinicization more often reflects Sung or pre-Sung dynasty practices rather than current Chinese civilization. For this reason, the Mien people have a particular interest for scholars, both for their own cultural contributions and as guardians of a culture which was once far more widely spread in Asia. Their influence is seen in religion, geomancy, medicine and related topics, all heavily influenced by Chinese practice. Seattle's Yiu-Mien and associated communities in Oregon and northern California thus represent, for historians and ethnologists alike, an important cultural resource.

The study of Chinese traditional medicine at the Wing Luke Asian Museum represents no more than a beginning of a larger process of studying the medicines and healing traditions of all the ethnic groups of Asian origin now present in the community. The 1987 medicine fair, with strong Mien participation, reflects this new orientation and shows the way to the future.

In conclusion, the Wing Luke Asian Museum has been most successful in fulfilling its function as custodian and guardian of the Chinese-American past, in particular of the key aspect of Chinese-American culture presented by traditional Chinese medicine. This achievement has been possible, however, only because of the museum's position in the forefront of a broad community coalition of scholars and others, a position which has greatly expanded the museum's role and capabilities. Museum staff, well aware of the museum's status as a repository of other Asian-American traditions besides the Chinese-American tradition, seek to build upon their experience in Chinese traditional medicine by looking at the traditional medicines and healing of other Asian communities.

NOTES

1. On the current state of traditional Chinese medicine in The People's Republic of China, see discussions in S. A. Jewell and S. M. Hillier, "Chinese Traditional Medicine and Modern Western Medicine: Integration and Separation in China," in Hillier and Jewell, *Health Care and Traditional Medicine in China, 1800-1982* (London: Routledge and Kegan Paul, 1983), pp. 306-335; and R. C. Crozier, "The Ideology of Medical Revivalism in Modern China," in Charles Leslie, ed., *Asian Medical Systems, A Comparative Study* (Berkeley:University of California Press, 1976), 341-355.

2. See John Barlow and Christine Richardson, *China Doctor of John Day* (Portland, Oregon: Binford and Mort, Thomas Binford Publisher, 1979). An entire herb shop, of somewhat more recent origin, is also in the possession of the British Columbia Provincial Museum (I am indebted to Nancy Turner of the Provincial Museum for discussing her research on the Chinese herb shop with me). Others are preserved in private hands.

3. See the discussion in Paul D. Buell, "Theory and Practice of Traditional Chinese Medicine," in H. G. Schwarz, ed., *Chinese Medicine on the Golden Mountain, An Interpretive Guide* (Bellingham, Washington: Center for East Asian Studies, Western Washington University, 1984), 43f; and Paul Unschuld, *Medical Ethics in Imperial China: A Study in Historical Anthropology* (Berkeley:University of California Press, 1979).

4. On Li and his influence, see the detailed discussion in *Joseph Needham, Lu Gwei-djen and Huang Hsing-tsung, Science and Civilization in China, VI, Biology and Biological Technology, 1, Botany* (Cambridge:Cambridge University Press, 1986), 308-321.

5. On the Chuck family in America, see Christopher Muench, "One Hundred Years of Medicine: The Ah-Fong Physicians of Idaho," in H. G. Schwarz, ed., *Chinese Medicine on the Golden Mountain,* 51-80.

6. For a partial listing of the collection, see Paul D. Buell and Christopher Muench, "A Chinese Apothecary in Frontier Idaho," *Annals of the Chinese Historical Society of the Pacific Northwest I*(1983):39-48.

7. For a biography of Willard Jue, see Douglas W. Lee, "Willard Jue, A Chinese American for all Seasons," *Annals of the Chinese Historical Society of the Pacific Northwest II*(1984):1-24.

8. It was a fortunate accident that almost from its beginnings the Chinese Historical Society included among limited ranks (membership 35) a relatively large number of persons interested in traditional Chinese medicine. In addition to Willard Jue, they include myself, Margaret Willson, Jeff MacDonald, Christopher Muench, Eugene N. Anderson, Anna Zeigler and, most recently, Linda Vane, principal and highly competent organizer for the Second Annual Asian Medicine Fair. Former president Douglas Lee has also shown his strong support for Society forays into traditional Chinese medicine.

9. Playing a significant role in Society activities in this area has been the Society journal, *Annals of the Chinese Historical Society of the Pacific Northwest,* published jointly with the Center for East Asian Studies at Western Washington University. Volume III for 1985-86 has recently been published and may be obtained by writing to the Center for East Asian Studies, Western Washington University, Bellingham, Washington, 98225 (pp. $10.00). Copies of issue II for 1984 (pp. $20.00) are still available, but issue I for 1983 is now out of print. Each issue to date has included items on traditional Chinese medicine or dietary theory.

10. The museum was a highly supportive co-sponsor of the First Annual Asian Medicine Fair (project director Tyson Greer) and major sponsor of the Second Annual Asian Medicine Fair (project directors Tyson Greer and Linda Vane).

11. I would like to thank Ken Swanson of the Idaho State Historical Society for his warm encouragement and active cooperation in connection with an Idaho Commission for the Humanities (project director Christopher Muench) grant to study materials from the Chuck family apothecary now in the possession of the Idaho State Historical Society.

12. The Chinese Historical Society of the Pacific Northwest has since become affiliated formally with the Center for East Asian Studies at Western Washington University.

13. A limited number of copies of this guidebook are still available at $6.50 each (Washington State residents add the appropriate sales tax) from the Wing Luke Asian Museum, 407 7th Avenue, S., Seattle, Washington, 98104.

14. For a description and reproduction of another early herb manual once in the possession of the Wah-chong company, see Paul D. Buell and Christopher Muench, "Chinese Medical Recipes from Frontier Seattle," *Annals of the Chinese Historical Society of the Pacific Northwest,* II(1984), pp. 100-143. The author would like to thank Hen Sen Chin for making this important document available for study.

15. Produced by Eric Anderson and Tyson Greer, the film (50 minutes; color; VHS only) is available on loan from the Wing Luke Asian Museum and the Department of Liberal Studies, Western Washington University in Bellingham, Washington, 98225. Those interested are requested to include $1.50 for mailing and handling.

16. The travelling exhibit developed in conjunction with the Second Annual Asian Fair is available at cost (shipping and handling only) from the Wing Luke Asian Museum. Direct inquiries to Director Kit Freudenberg at (206) 623-5124. After 1989 this exhibit will be distributed by the Washington Commission for the Humanities.

AUTHOR

Paul D. Buell, holds a joint appointment as lecturer in the Department of Liberal Studies and in the Center for East Asian Studies at Western Washington University, Bellingham. He received a doctorate in history from the University of Washington in 1977, having specialized in Chinese history, the Early Middle Ages and Ancient Greece. Prior to this, he had taken a master's degree in Chinese language from that same institution in 1968. In addition to his continuing interest in the history of traditional Chinese medicine and cuisine, Dr. Buell is best known for his studies in Central Asian history and currently is employed as a federal contractor to abstract and study the native-language press of the Kazakh Socialist Soviet Republic, USSR.

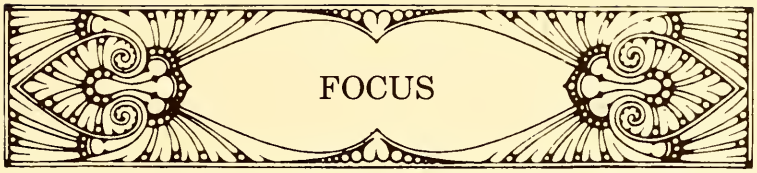
THE WING LUKE ASIAN MUSEUM

Director:	Kit Freudenberg
Location:	The heart of the International District 407 7th Avenue South Seattle, WA
Telephone:	(206)623-5124
Hours:	Tuesday through Friday 11a.m.-4:30p.m. Saturday and Sunday Noon - 4 p.m.
Admission:	50 cents for children, students and seniors $1.50 Adults Thursdays - free

Gift Shop includes sale of books and other print materials.

Materia medica *from the Ah-Fong Apothecary. Both illustrations are examples of natural products used in traditional Chinese medicine. (Courtesy of author)*

The restored Kam Wah Chung & Co. Museum, 1983. (Photo courtesy of Kam Wah Chung & Co. Museum.)



The Kam Wah Chung & Co. Museum

by Carolyn Micnhimer and Glen W. Davidson

The Kam Wah Chung & Co Museum in John Day, Oregon, is one of the few repositories of Chinese medicine from frontier North America and one of the few authentic Chinese medicine museums in the world. The building, constructed as a trading post on The Dalles Military Road in 1866 and 1867, served as a center for the Chinese community in eastern Oregon until the early 1940s. The museum contains thousands of artifacts and relics which illustrate the multiple uses of the building: general store, religious shrine, opium den, apothecary and home for "Doc" Ing Hay and Lung On.

Doc Hay and Lung On bought the building in 1887. In the booming 1880s, they sold large amounts of mining supplies and staples from the premises. As the demands of the county changed, they added canned goods, notions, tobacco and imported teas and Oriental foods from China. During Prohibition, Lung On also sold "bootleg" whiskey. The most important function of the site, though, seems to have been the presence of the apothecary.

Visitors to the museum enter through the foot-thick stone doorway. The rooms are dim, similar to the pre-electrified heydays of the 1880s. Walls are blackened from opium smoke. Floors are worn smooth from heavy patronage. Chinese characters decorate the walls. The large main entry room contains the inventory of over 500 different medicinal herbs, minerals and animal parts. There are five smaller rooms. Two were used for storage and the others were used as living quarters or for smoking. An attic was used for storage.

Dr. K'ai-hua has translated the medicinal labels, identified over two hundred fifty of the herbs, providing the Chinese, Latin and common names and describing the medicinal properties of each.

Many of the tiny medicine bottles are capped in wax (the original tamper-proof container) and some are in their original boxes. Two mortar and pestles used for grinding ingredients into powder are on display. Some medicinal formulae call for such ingredients as stag antlers in velvet, cicada beetle skins, tortoise shell and dried lizard as well as herbs. Once mixed and ground, the ingredients were boiled according to recipe, the water drawn off and consumed as tea. In the early days of Doc Hays' practice, he cooked the ingredients in his own kitchen, in part because many of the Chinese bachelors who sought his services did not have adequate facilities. As his practice increased, including patronage of the Caucasian ranchers, Doc Hay provided instructions for patients to make their own tea on prescription blanks. Contrary to the interests of modern-day users of Chinese medicine, there is no evidence that Doc Hay used acupuncture.

Doc Hay's bedroom, showing some of his personal effects, is one of the rooms open to the public. The museum contains a wide range of tools, both Chinese and Western in origin, both handmade and mass produced. The tools represent the work activities engaged in by the Chinese and include gold mining pans and tools, scales and weights, picks and shovels, carpenter's tools, antique and modern designed saws, and wedges and axes used by loggers. Many of these tools are unique and handcrafted. Also on display is a wide selection of handmade furniture created with local materials from traditional Chinese models.

Ing Hay came to the John Day area in 1887 having emigrated from present-day Guangdong (Kwang tung) Province whose capital city is Canton. He and his father arrived in 1883 and they planned to join Ing Hay's uncles in Walla Walla, Washington. By the time of their arrival, however, not only had many of the fabled gold mines played out but racial prejudice had led to passage of the Chinese Exclusion Act of 1882.

Many people believe that Ing Hay's fame as a healer was established in the flu epidemics of the 1890s. By the early days of the new century, his practice extended from Walla Walla to the north, the Nevada border to the south, Portland to the west and the Payette river towns of Idaho to the east. He was not only a herbalist but a pulsologist diagnostician. His training was in the classical and complex tradition. One prescription he made for a patient suffering with edema in 1906 contained eighty-three different ingredients. He delighted

"China Doctor" Ing Hay shortly after he arrived in the United States. (Photo courtesy of Kam Wah Chung & Co. Museum.)

Herb room / Pharmacy in the corner of the museum's main room. (Photo courtesy of Kam Wah Chung & Co. Museum.)

in demonstrating his gift as a pulse-diagnostician, a procedure by which he could identify a patient's present ailments and also past medical history. After successfully treating and saving many lives and limbs of patients with blood poisoning, untreatable at the time by regular doctors, Ing Hay became widely known as "the China doctor." In 1905 when Ing Hay was charged by local Caucasian physicians with practicing medicine illegally, there was no jury in Grant County that would convict him.

Some of the unusual ways Doc Hay treated patients were told by families in the area: A man with lockjaw from a stab wound, for example, was treated with a poultice made from Juniper berries. The patient improved after two days of therapy and was cured. One of the ranchers' young daughters had pneumonia which the local doctors failed to contain. When Doc Hay responded with a house call, he pulled a piece of wallpaper off the wall, made a funnel of it, put a red powder in the funnel and blew the contents into the girl's throat. The coughing spasm which followed cleared her throat of phlegm so she could breathe and she recovered. There are no records of him having delivered babies, but Doc Hay did give pregnant women medicinal teas to help with morning sickness and he would do a pulse diagnosis to determine the sex of the fetus.

Lung On was Doc Hay's business partner and companion. For years he would drive the healer on his rounds in a buggy or, when he acquired the first automobile dealership in eastern Oregon, he drove Doc Hay to patients' houses. Lung On died in 1940, leaving a sizeable estate. His death took a major toll on Ing Hay, whose enthusiasm and energy quickly faded. Nearly blind for the last years of his practice, Doc Hay could still find the herbs he needed to care for the patients who came to the store. He told people that when you have learned about the beneficial properties of herbs, all you need is smell, taste and feelings.

Ing Hay's success as a healer can be attributed to the awe many Westerners have had for the things and ways of the Orient. In their biography of Doc Hay,[1] Jeffrey Barlow and Christine Richardson provide a persuasive explanation in their comparison of the state of frontier medicine of the times, often practiced by untrained hacks and charlatans and before the understanding of bacteriology and infection control, with the effectiveness of Doc Hay's remedies and compassionate demeanor.

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[1]Jeffry Barlow and Christine Richardson. *China Doctor of John Day* (Portland: Binford & Mort, 1979).

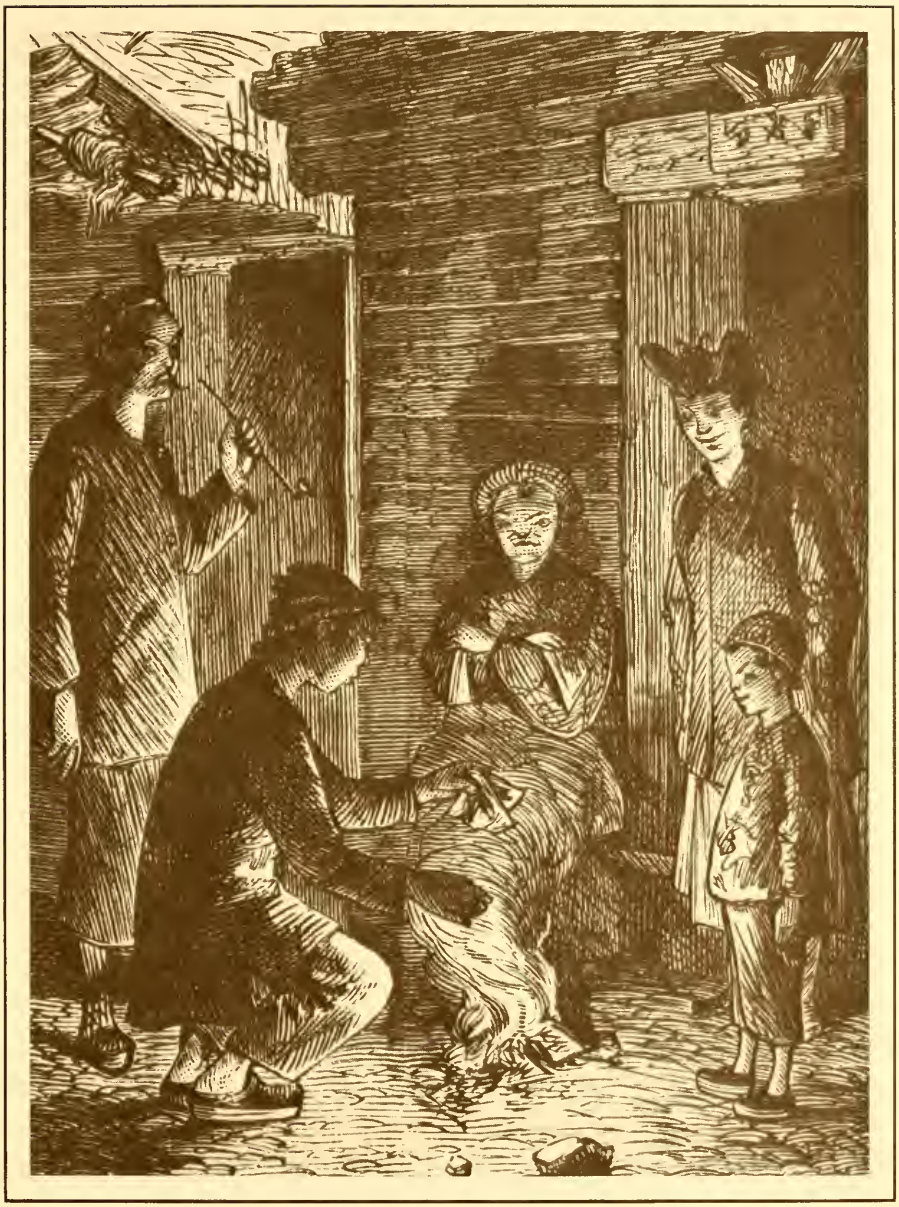
When Ing Hay died in 1952 at the age of 89 his friends found $23,000 in uncashed checks under his bed. The checks dated from 1902 through 1929 and ranged from fifty cents to several hundred dollars.

The Kam Wah Chung & Company building passed into the hands of Ing Hay's relatives in Portland. In 1955 the city of John Day purchased the land surrounding the building with the stipulation that the site was to be maintained as a museum to perpetuate the memory of Ing Hay, Lung On and the Chinese of eastern Oregon.

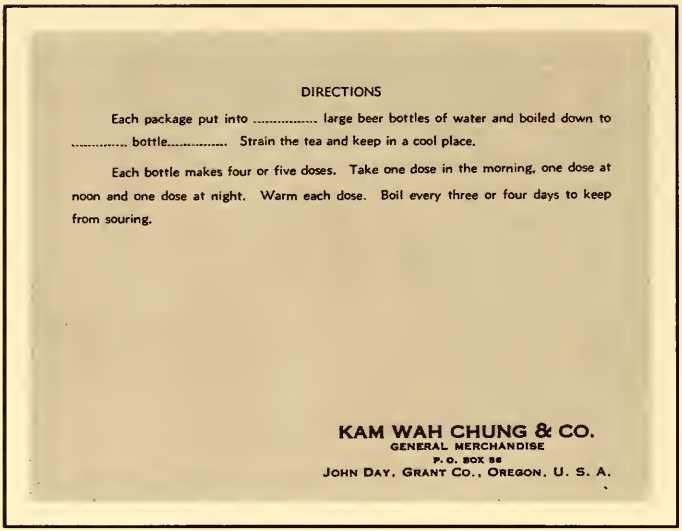
In 1967 City Councilman Gordon Glass, along with State Parks historian Elizabeth Walton Ptler, examined the building and its contents. The decision was made to keep the building and its contents in its entirety. A commission of interested persons was formed to work on restoration. After numerous meetings and cleaning parties a three-phase plan was adopted: 1) to raise funds through donations; 2) to restore the building; and 3) to organize a professionally done inventory and classification of contents.

Grant monies totalling $65,000 were received from the Oregon State Parks and Recreation Division, the Oregon Department of Transportation, the National Parks Service and the American Revolution Bicentennial Commission. Over $5000 was raised locally. The museum was opened officially in June, 1977.

The curator is an employee of the city. Future plans call for construction of a room for displays and a study area for visiting scholars. The museum is listed in the National Register of Historic Places.



Burning Joss Papers. The Kum Wah Chung & Co. Museum contains both a Joss shrine and smoke-blackened walls from the religious activity used to determine future events including one's health status. From sketches of C. L. Sears, this drawing by W. A. Rogers was published in the December 29, 1877 issue of Harper's Weekly.



DIRECTIONS

Each package put into ..... large beer bottles of water and boiled down to ..... bottle..... Strain the tea and keep in a cool place.

Each bottle makes four or five doses. Take one dose in the morning, one dose at noon and one dose at night. Warm each dose. Boil every three or four days to keep from souring.

KAM WAH CHUNG & CO.
GENERAL MERCHANDISE
P. O. BOX 86
JOHN DAY, GRANT CO., OREGON, U. S. A.

Prescription blank Doc Hays had printed for Caucasian patients. In his early days of practice, the "China Doctor" cooked herbs in his own kitchen and gave patients the liquid tea to take home. As his practice increased, Hay packaged the herbs and instructed patients in the making of the medicinal tea. (Photo courtesy of Kam Wah Chung & Co. Museum.)

KAM WAH CHUNG & COMPANY MUSEUM

Curator:	Mrs. Carolyn Micnhimer
Location:	N.W. Canton Street, City Park, John Day, Oregon, 97845 (one block north off W. Main - U.S. Highway 26, two blocks west of stop light.)
Telephone:	(503)575-0028 City Hall (503)575-1867 evenings (curator)
Open:	May 2 thru October 31
Hours:	Monday - Thursday: 9:00 a.m. - noon; 1:00 - 5:00 p.m. Saturday and Sunday: 1:00 - 5:00 p.m. (Closed Fridays, Memorial Day and Fourth of July)
Rates:	Adults - $1.50; Children (16 and under)- 50¢ (Reservations are required for groups of 10 or more people)

Photography Credits:

Paul Buell

Center for East Asian Studies
Western Washington University

Idaho State Historical Society

Kam Wah Chung & Co. Museum

Douglas Lee

The Pearson Museum

Wing Luke Asian Museum

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